



Children's Foundation of Muskoka

Application #: _____

Date Received by Foundation: _____

Please MAIL to:
CHILDRENS FOUNDATION OF MUSKOKA
P.O. Box 256 Bracebridge, ON P1L 1T6
Voicemail: 705-644-5225
info@childrenofmuskoka.com

The Children's Foundation of Muskoka is an independent, non-profit organization formed in 1989 by volunteers in Muskoka. CFM raises funds in our local community in partnership with individuals, businesses and service organizations such as the Roger Crozier Foundation, Canadian Tire's Jump Start Program and the Burgess Foundation.

If you are requesting assistance for more than one child, please complete separate applications for each.

Any information provided is for Foundation use only, and will be kept confidential.

DATE: _____ PARENT/GUARDIAN NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: (H) _____ (W) _____

1) Name of child: _____ Date of Birth: _____

2) Activities in which this child is currently involved: _____

3) Purpose for which the grant will be used: _____

Organization's Name: _____ Phone Number: _____

Are funds being sought from another source?: Yes No

4) What OTHER source(s) has been approached: _____

If not, why not: _____

5) **PROFESSIONAL** REFERENCE WHO CAN VERIFY THE INFORMATION PROVIDED:

Name of Reference: _____ Professional Designation: _____

Address: _____

Telephone: _____

(This section MUST be completed. Reference source CANNOT be person or organization receiving funds from this grant.)

6) Do we have your permission to discuss this application with the reference or service provider as named above?
Yes No

7) COST BREAKDOWN OF THE ACTIVITY/PROJECT THAT FUNDS ARE BEING REQUESTED FOR:

Total Cost of Activity/Project: _____ Amount you, the applicant, can pay: _____

Amount requested from the Foundation: _____ Start Date of Activity: _____

Number of adults in your home (18 and over): _____ Number of children in your home (under 18): _____

What is your total combined household income? \$ _____

8) The Children's Foundation has a close working relationship with Family, Youth and Child Services of Muskoka.

Are you currently involved with Family, Youth and Child Services? Yes No

If yes, do we have your permission to share information with Family, Youth and Child Services concerning your application for a grant? Yes No

If yes, please sign here: _____

9) Other information that you wish to provide that is important to this application: _____

******* PLEASE NOTE THAT FUNDING CANNOT BE PROVIDED FOR ACTIVITIES/SERVICES THAT HAVE ALREADY BEEN PAID OR CONTRACTED FOR *******

Signature of Applicant

Date

For Foundation Use Only:

Application #: _____

Application reviewed to ensure information is complete by: _____

Date of Presentation to the Board: _____

Amount of Grant approved: _____

Foundation approval date: _____

Foundation Authorized Signature: _____

Cheque # _____

Made out to: _____

Date: _____

Deferred (details): _____