



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 various service organizations and funding partners such as Canadian Tire's Jump Start Program, the Amy Burgess Memorial Foundation and the John Newell Memorial 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 to the Foundation and its funding partners.

DATE: \_\_\_\_\_

1) NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PRESENT AGE OF CHILD \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ Town \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBERS (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) AMOUNT REQUESTED FROM FOUNDATION: \_\_\_\_\_

PURPOSE FOR WHICH GRANT WILL BE USED: (EG. ONE DANCE CLASS PER WEEK FOR 8 WEEKS)

\_\_\_\_\_

TOTAL COST OF ACTIVITY: \_\_\_\_\_ AMOUNT YOU, THE APPLICANT CAN PAY: \_\_\_\_\_

ORGANIZATION/CLUB/SERVICE: \_\_\_\_\_

START DATE OF ACTIVITY: \_\_\_\_\_

3) HAVE OTHER SOURCES BEEN APPROACHED FOR FUNDING? YES NO

EXPLAIN \_\_\_\_\_

4) HOUSEHOLD INFORMATION

NUMBER OF ADULTS IN HOME: \_\_\_\_\_ NUMBER OF CHILDREN IN HOME (UNDER 18) \_\_\_\_\_

TOTAL YEARLY HOUSEHOLD INCOME: \_\_\_\_\_

5) REFERENCE

**(THIS SECTION MUST BE COMPLETED. REFERENCES CAN NOT BE PERSON OR ORGANIZATION RECEIVING FUNDS FROM THIS GRANT.)**

NAME: \_\_\_\_\_ PROFESSIONAL DESIGNATION \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DO WE HAVE PERMISSION TO DISCUSS THIS APPLICATION WITH THE REFERENCE LISTED ABOVE?

YES NO

6) OTHER INFORMATION THAT YOU WISH TO PROVIDE THAT IS IMPORTANT TO THIS APPLICATION. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) SOME GRANTS FOR ATHLETIC OPPORTUNITIES ARE FUNDED THROUGH CANADIAN TIRE'S JUMP START PROGRAM. THE CHILDREN'S FOUNDATION OF MUSKOKA IS REQUIRED TO RELEASE IDENTIFYING INFORMATION TO JUMP START TO BE ABLE TO FUND THE REQUESTED GRANT.

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

I agree and acknowledge that information provided in this application for sports and related activities will be provided to Jump Start Canadian Tire

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**For Foundation Use Only:**

**Application #:** \_\_\_\_\_

**Application review to ensure information is complete by:** \_\_\_\_\_

**Date of Presentation to the Board:** \_\_\_\_\_

**Amount of Grant approved:** \_\_\_\_\_

**Foundation Authorized Signature:** \_\_\_\_\_

**Cheque #** \_\_\_\_\_

**Made out to:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Deferred (details):** \_\_\_\_\_