



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
Fax: 705-385-1252
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 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: _____

1) NAME OF CHILD: _____

DATE OF BIRTH _____ PRESENT AGE OF CHILD _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____ 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 (e.g. Teacher, Clergy, Family service worker or CAS workers.)

(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) 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.

7) OTHER INFORMATION THAT YOU WISH TO PROVIDE THAT IS IMPORTANT TO THIS APPLICATION. _____

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

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): _____