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**Bennett and Albert County Health Care Foundation - Application for Funding**

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The Bennett and Albert County Health Care Foundation may provide funding for projects, activities or initiatives where there are tangible benefits to the health of residents served by the Albert County Health and Wellness Centre. In order for your request to be considered, it must:

1. Not be a duplication of a project, activity or initiative already available in the community;
2. Demonstrate that the project, activity or initiative is consistent with the Foundation's Vision which is "To have a positive impact on health and wellness for the people served by the Albert County Health and Wellness Centre with the support of our community;"
3. Demonstrate that the project, activity or initiative is directly linked to the Foundation's Mission statement which is to "enhance the health and wellness of our community."

Your request will be reviewed by the Board of Directors against its *Funding Request Policy* during a regularly scheduled meeting . A decision will be rendered by the Board and will be communicated to you, in writing.

In order to receive consideration for funding, please provide the information requested in this form. Please be as detailed and concise as possible. If you require additional space to complete this application, please attach additional pages and refer to the question you are providing the additional information in relation to.

1. Name of organization, group or individual applying for funding:

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2. Please describe the project, initiative or activity you require the funding for and how it relates to the foundation's Vision and Mission described above.

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3. Please describe the tangible benefits your project, activity or initiative will have on the health and wellness of the residents served by the Albert County Health and Wellness Centre.

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4. What is the anticipated duration of this particular project, initiative or activity?

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5. How much funding are you requesting from the Foundation and what, specifically, will it be used for?

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6. What contribution (monetary or otherwise) are you, your group or organization making in support of this project, initiative or activity?

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7. Have you, your group or organization applied for any other sources of funding for this project, initiative or activity? If so, please provide the details of any other applications.

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8. If the project , initiative or activity you are undertaking will take more than one year to complete or will be an ongoing effort, what measures are being taken to secure sustainable funding for it?

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Application completed by: \_\_\_\_\_

Date application completed: \_\_\_\_\_

<p>Application reviewed by the board of the Bennett and Albert County Health Care Foundation:</p> <p>Date: _____</p> <p>Application is Approved <input type="checkbox"/>, or Not Approved <input type="checkbox"/>:</p> <p>Chairperson: _____</p>
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*Revised February 26, 2018*