

The Snowy Owl AIDS Foundation
La Fondation Harfang Des Neiges Du SIDA

PROJECT FUNDING APPLICATION FORM

AGENCY INFORMATION
ORGANIZATION NAME

AGENCY STREET ADDRESS

AGENCY MAILING ADDRESS

AGENCY TELEPHONE NUMBER

FAX NUMBER

CONTACT PERSON FOR THIS APPLICATION

TELEPHONE

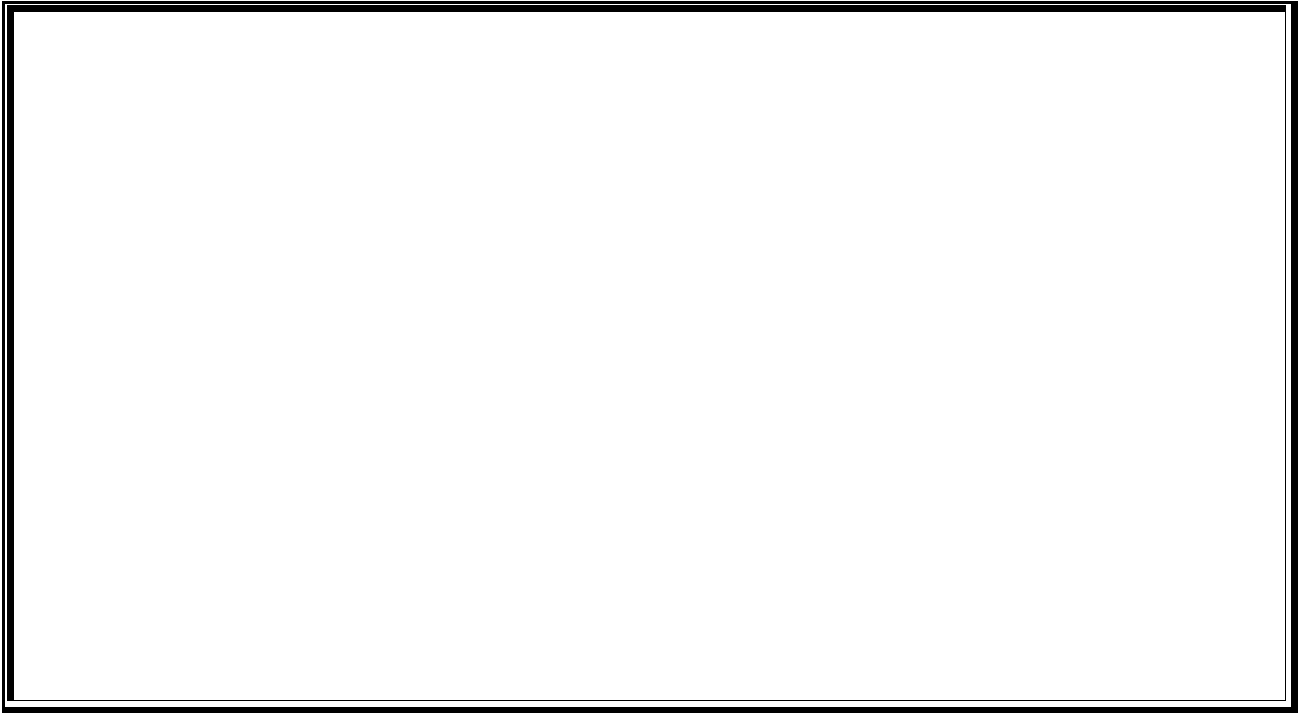
APPLICATION CHECKLIST

(Necessary for consideration)


- | | |
|---|--|
| <input type="checkbox"/> PROOF OF CHARITABLE STATUS | <input type="checkbox"/> ORGANIZATIONAL OPERATING BUDGET |
| <input type="checkbox"/> LETTERS OF SUPPORT (3)
-include telephone numbers and addresses | <input type="checkbox"/> PROJECT FUNDING APPLICATION |
| <input type="checkbox"/> PROJECT BUDGET | <input type="checkbox"/> NAME OF CONTACT PERSON
-include telephone number |

A. ABOUT YOUR ORGANIZATION

1. Describe the mandate objective of your organization. (Your principal mandate does not have to be HIV/AIDS programming). Include a brief history of your organization and your principal goals and objectives.



2. If your principal mandate is not HIV/AIDS programming, explain how your mandate relates to HIV/AIDS issues for your target population.



B. ABOUT YOUR PROJECT

1. PROJECT TITLE

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2. Describe the specific project for which you are requesting funding. Include a description of your target population, your catchments areas, the approximate number of individuals you expect to benefit from the project and needs justification. You may use additional pages as required.

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3. Describe how this project will be managed, who will be responsible for administration of funds and decisions related to overall project operation.

4. If this project is to continue beyond the scope of this grant, describe what plans you have to access the ongoing support necessary to maintain the project.

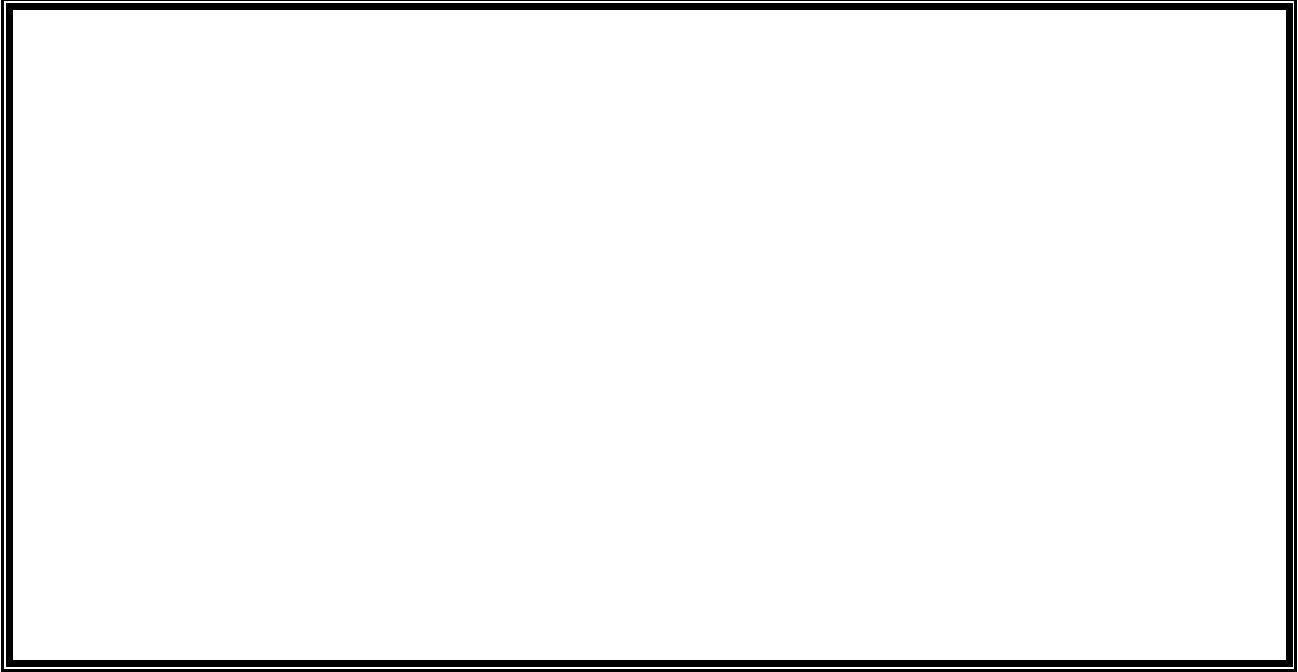
5. What other funding sources have you approached regarding this project? Do you anticipate any other revenue to assist you in the operation of the project you describe above?

6. If this funding were approved, how long would it take to establish the project? Include in this section a proposed work plan related to the project that should include activities or tasks and expected dates of completion.

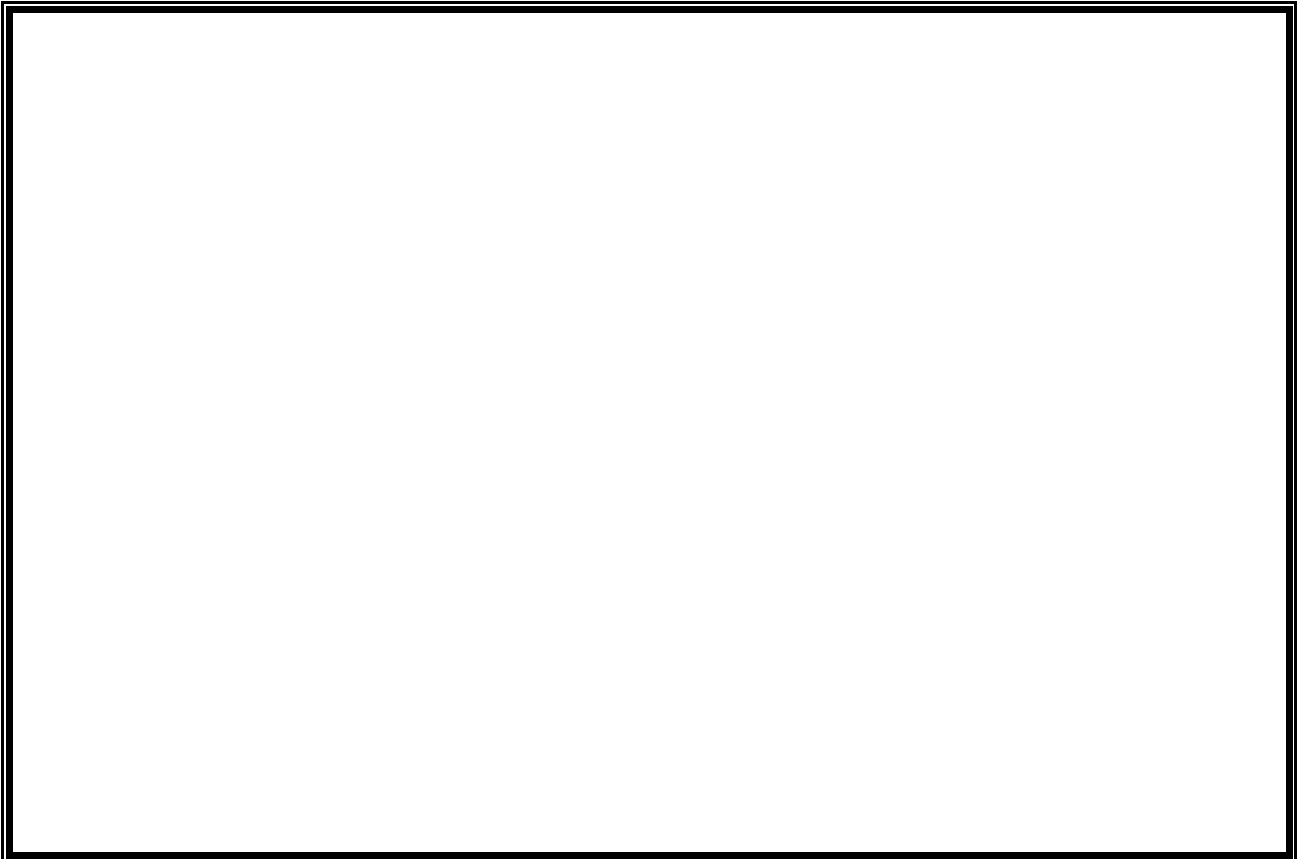
7. Describe your plan to make your target population aware of this project. Include in this section information which addresses ways in which people outside your target population may become aware of your project.

8. Describe the process through which people will access the services offered by your project.

9. Describe any input you have received from your target population regarding the development of this project.



10. Describe in detail the role community volunteers will play in this project.



11. What process do you intend to use to evaluate this project?



C. FINANCIAL INFORMATION

Please attach the following detailed budget for your project, including all estimated expenditures and revenues, identifying if the revenues are confirmed (c) or pending (p).

<u>PROJECT TITLE:</u>	
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PROJECT BUDGET

ESTIMATED EXPENSES/

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	\$ _____
TOTAL EXPENSES	\$ _____

ESTIMATED REVENUES

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Amount requested from the Community Foundation/

\$ _____

**TOTAL REVENUES/
REVENUS TOTAUX**

\$ _____

Signature of organization representative

Date:

FOR FOUNDATION USE ONLY

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