



Okanagan Kids Care Fund Society

Charitable Registration No. 89526 6435 BC00012

APPLICATION FORM

Date of Application: _____

(1) Organization Information

Name: _____

Are You A Registered Charity? _____ CRA Charitable Tax No. _____

Address: _____

Telephone: _____ Fax: _____

(2) Request Information

What is the request funding for? _____

Number of children who will benefit directly? _____

Age ranges: 0-3 # _____ 3-6 # _____ 7-12 # _____ 13-18 # _____

Within the program applied for how many children do you estimate are:

Male: ___ Female: ___ Aboriginal: ___ Disabled: ___ Visible Minority: ___ LGBT: ___

How will project benefit children? _____

Project Start-Date: _____ Completion Date: _____

Total Project Cost \$: _____ Amount Requested from Kids Care \$: _____

Other Sources of Funding: _____

Are These Sources Secured?

YES

NO



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(3) Items to be Purchased

ITEM	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	\$ _____

As recipient of a Kids Care grant, would you agree to:

- Provide proof of full replacement insurance. YES NO
- Ensure Kids Care approved signage is in a visible and appropriate location. YES NO
- Equipment is appropriately labelled. YES NO
- Provide plans to Kids Care. YES NO
- Provide photographs of finished project and/or equipment showing signage. YES NO
- Assist Kids Care in its promotion and fundraising endeavors. YES NO

AUTHORIZED SIGNATURE: _____

 Print Name

 Signature

 Title

 Date