**Grant Request**

**Applications to be sent to:** [**wrspc@lutherwood.ca**](mailto:wrspc@lutherwood.ca)

**Deadline for Applications: November 15, 2018**

Through generous donations from our community, the Waterloo Region Suicide Prevention Council is sometimes in a place to provide grants to organizations contingent on the availability of funds.

ELIGIBILITY:

* In order to be eligible for funding, applicants must be from Waterloo Region.
* Individual applications for personal projects are not eligible to receive funding through this application.
* Preference will be given to activities or programs that align with the mission, vision and four pillars of the WRSPC and have defined start and end dates that occur within a calendar or fiscal year. Find out more details here: <https://wrspc.ca/about-us/>
* Details of how the funding will be used must be sufficiently outlined in the application.
* The grant provides one- time funding. Multi-year projects must re-apply annually.

HOW TO APPLY:

* Email your completed application form to [**wrspc@lutherwood.ca**](mailto:ebrewersingh@lutherwood.ca) or fax to

(519) 886-8479

* The deadline to apply is November 15, 2018

TERMS & CONDITIONS:

* All applications will be reviewed by the WRSPC for eligibility; incomplete applications will not be accepted.
* Funding will be determined based on the number of applicants and the amount of additional funds available to a maximum of $5000.
* Applicants will be notified of funding decisions by the end of the calendar year.
* Successful applicants must agree to have the name of their organization included in WRSPC’s advertising and promotional material.

Community Funding Application

**Please provide us with the following information:**

Contact Name: Click here to enter text.

Organization: Click here to enter text.

Address (including postal code): Click here to enter text.

Telephone: Click here to enter text.

Contact Email: Click here to enter text.

Website: Click here to enter text.

Social Media: Click here to enter text.

1. **Describe the organization you are applying for funding on behalf of** (max 250 words).

|  |
| --- |
| Click here to enter text. |

1. **Describe the activity or program for which you are applying for funds** (max 250 words).

|  |
| --- |
| Click here to enter text. |

1. **Which category best describes your activity or program?**

Awareness campaign / event

Educational seminar / workshop

Professional training

Other: Click here to enter text.

1. **Explain how this activity or program aligns with the mission and vision of the WRSPC, and how it relates to 1 or more of the strategic pillars**  (max 500 words).

|  |
| --- |
| Click here to enter text. |

1. **Describe the anticipated outcomes and impact of this program / activity** (max 250 words).

|  |
| --- |
| Click here to enter text. |

1. **Describe how you plan to evaluate the effectiveness of the program or activity and/or measure its impact** (max 250 words).

|  |
| --- |
| Click here to enter text. |

1. **Who will be served by this activity or program** (max 250 words)?

Youth

Adults

Post-Secondary

Specific population

Health and other professionals

Other: Click here to enter text.

1. **Budget: Please outline a detailed budget for your activity or program**

|  |  |
| --- | --- |
| Item | Cost |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL AMOUNT REQUESTED** | Click here to enter text. |

1. Please provide any explanation of budget items listed above (max 250 words).

|  |
| --- |
| Click here to enter text. |