



Commitment to Health Care Community Funding Application

Please complete all fields below. Fields with * are mandatory.

Part 1 — Basic Information

* Name of registered nonprofit or registered charity within Yarmouth, Shelburne or Digby County

* Charitable number or Registration number

* Mailing
Address

* Email address

* Phone number

Website (if available)

* Name of primary contact

* Brief organizational description

* Mission Statement

* Year established

* Fiscal year of Organization

Part 2 — Project Overview

*This initiative's primary purpose is to improve health care within the Tri-County area of Yarmouth, Digby and Shelburne? *yes* *no*

*Funding Amount Requested

*Total cost of project

*Start Date

*End Date

*Proposal Summary

*Statement of Need

*Impact

A large, empty rectangular box with a light blue background and a thin dark blue border, intended for writing the impact of the project.

*Goals & Objectives

A large, empty rectangular box with a light blue background and a thin dark blue border, intended for writing the goals and objectives of the project.

Part 3 — Organization's key individuals

- * List the key individuals in your organization and the role held by each.
Example: John Smith, Chair; Sue Adams, Treasurer etc



Part 4 — Budget

- * Attach project budget document with this email, identifying project revenues and resources in detail.
(Note: previous year's financial statements may be required)

Part 5 — Submit.

Save this file and send this application form and all accompanying documents as attachments via email to:
info@yarmouthhospitalfoundation.ca

(If more room is required, additional pages may be added)

Applications will be received for consideration starting **May 31st 2023.**

Applications deadline is **September 30th 2023.**

Successful funding applicants will be announced **January 2024.**