



Date \_\_\_\_\_  
DD/MM/YYYY

## Funding Application Form

Please complete and attach this cover sheet to your application for funding. Reporting must be specific to the impact of Scotiabank's funding.

### Please Note

- This application contains 7 sections which must be completed for your application to be reviewed.
- When submitting the application please include
  - Most recent audited financial statements (if organization does not have audited financial statements, please include most recent financial statements), and
  - List of officers and board of directors.
- The application must be signed off by the organization's Executive Director and Chair.

### I. Organization Details

ORGANIZATION NAME

CONTACT NAME

CONTACT TITLE

MAILING ADDRESS

CITY

PROVINCE / STATE

COUNTRY

POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS (CONTACT)

EMAIL ADDRESS (ORGANIZATION)

CHARITABLE REGISTRATION NUMBER (IF APPLICABLE)

LATEST AUDITED / NON-AUDITED FINANCIAL STATEMENTS (ATTACHED)

YES  / No

LIST OF BOARD OF DIRECTORS (ATTACHED)

YES  / No

	\$ AMOUNT	COMMENTS
ASSETS		
LIABILITIES		
ADMINISTRATION COSTS		
FUNDRAISING COSTS		

PURPOSE OF FUNDING

COMMUNITY NEED

GEOGRAPHIC LOCATION (WHERE WILL THE MAJORITY OF THE BENEFICIARIES RESIDE?)

TOTAL AMOUNT OF FUNDING REQUEST	TOTAL AMOUNT OF PREVIOUS FUNDING RECEIVED FROM SCOTIABANK GROUP
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IS THIS A MULTI YEAR REQUEST YES <input type="checkbox"/> / NO <input type="checkbox"/>	IF YES, NUMBER OF YEARS / AMOUNT PER YEAR
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OTHER FINANCIAL ORGANIZATIONS INVOLVED	IS SCOTIABANK GROUP YOUR ORGANIZATION'S MAIN BANKER YES <input type="checkbox"/> / NO <input type="checkbox"/>	IF NO, WHO IS YOUR MAIN BANKER
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ARE ANY SCOTIABANK GROUP EMPLOYEES INVOLVED WITH YOUR ORGANIZATION (IF YES, PLEASE PROVIDE NAME, POSITION AND CONTACT INFORMATION) YES <input type="checkbox"/> / NO <input type="checkbox"/>		
NAME	POSITION	CONTACT INFORMATION

## II. Project Financials

	\$ Amount	Comments
CAMPAIGN GOAL		
FUNDS RAISED TO DATE		
TOTAL ADMINISTRATIVE COSTS		

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TOTAL FUNDRAISING COSTS

OTHER COSTS

TOTAL COSTS

COST/\$ RAISED

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### III. Population Served

		Numbers	Comments (describe how these populations will benefit)
ABORIGINALS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
MEN	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
SENIORS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
VETERANS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
VISIBLE MINORITIES	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
WOMEN	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
YOUTH	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
CANCER PATIENTS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
MENTALLY CHALLENGED	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
PHYSICALLY DISABLED	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
PHYSICAL ILLNESS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
DISASTER VICTIMS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
DISADVANTAGED	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
HOMELESS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
ANIMALS	Yes <input type="checkbox"/> / No <input type="checkbox"/>		

OTHERS \_\_\_\_\_ Yes  / No

**IV. Are there opportunities for Scotiabankers to get involved?**

	Number of Employees or Opportunities	Comments (describe how Scotiabank employees may become involved)
BOARD OR COMMITTEE MEMBERSHIP		
FINANCIAL LITERACY PRESENTATION		
FUNDRAISING EVENTS		
GENERAL VOLUNTEER OPPORTUNITIES		
TEACHING OR MENTORING		
TEAM BUILDING OPPORTUNITIES		

**V. How will Scotiabank be recognized for providing support?**

	Number of Impressions	Comments
ANNUAL REPORT		
DONOR WALL		
EVENT SPEAKING OPPORTUNITY		
NAMING OPPORTUNITY		
ORGANIZATION WEB SITE		
MEDIA OUTREACH		
PROGRAM AFFILIATION		
SOCIAL MEDIA SITES		

**VI. Sector Specific Outcome Indicators (please select only primary area of focus)**

Arts & Culture		
	<b>Number of Viewers</b>	<b>Comments</b>
CREATES AWARENESS AND APPRECIATION OF CULTURAL DIVERSITY		
PROVIDES PUBLIC VIEWING OPPORTUNITIES		
PROVIDES ACCESS TO DISADVANTAGED		
	<b>Number of Clients</b>	<b>Comments</b>
ENTERTAINS, OFFERS CLIENT ENTERTAINING OPPORTUNITIES		
	<b>Number of Artists</b>	<b>Comments</b>
HELPS ARTISTS ACHIEVE EXCELLENCE		
	<b>Number of Participants</b>	<b>Comments</b>
PROGRAMS FOR EDUCATING YOUTH		
PROGRAMS FOR EDUCATING GENERAL PUBLIC		
Education		
PROVIDES MONEY FOR SCHOLARSHIPS		<b>Comments</b>
	<b>Number of Students</b>	
	<b>Dollar Amount / Number of Students</b>	
	<b>Number of Students</b>	<b>Comments</b>
PROVIDES AWARDS TO ENCOURAGE TEACHING EXCELLENCE		
PROVIDES CAREER PREPARATION		
PROVIDES COMPETITIVE CASE STUDY EXPERIENCE		
PROVIDES FOR NEW OR IMPROVED COURSES		

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PROVIDES INTERNATIONAL EXPERIENCE

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PROVIDES LEADERSHIP RECOGNITION

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PROVIDES MENTORING

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PROVIDES OPPORTUNITIES FOR IMPROVED LITERACY

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PROVIDES OPPORTUNITIES FOR PERSONS WITH DISABILITIES

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PROVIDES SMALL BUSINESS / ENTREPRENEUR EXPERIENCE

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PROVIDES TRAINING OPPORTUNITIES FOR STUDENTS

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## Health Care

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Number of Patients

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Comments

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PROVIDES ART AND MUSIC THERAPY FOR PATIENTS

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PROVIDES COMMUNITY HEALTH SERVICES TO DISADVANTAGED

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PROVIDES COUNSELING

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PROVIDES DOLLARS FOR RESEARCH

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PROVIDES FAMILY RELIEF

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PROVIDES FASTER RESPONSE TIME FOR DIAGNOSTICS

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PROVIDES FASTER RESPONSE TIME FOR RECOVERY

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PROVIDES GREATER ACCESS FOR PATIENTS

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PROVIDES MEDICAL EQUIPMENT

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PROVIDES PALLIATIVE CARE

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PROVIDES PATIENT EDUCATION

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PROVIDES REHABILITATION

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	Number of Doctors	Comments
PROVIDES AWARDS FOR MEDICAL EXCELLENCE		

**Social Services /Wellbeing**

	Number of Beneficiaries of Program	Comments
PROVIDES AFTER-SCHOOL ACTIVITIES		
PROVIDES CHILD CARE		
PROVIDES CLOTHING		
PROVIDES COMMUNITY FUNDING		
PROVIDES COUNSELING		
PROVIDES EMPLOYMENT OPPORTUNITIES		
PROVIDES EMPLOYMENT TRAINING		
PROVIDES FAMILY ASSISTANCE SERVICES		
PROVIDES FOOD		
PROVIDES HOUSING		
PROVIDES INFO RESOURCES FOR YOUTH		
PROVIDES LEADERSHIP TRAINING		
PROVIDES MULTI-CULTURAL INFORMATION		

**Sports**

	Number of Beneficiaries of Program	Comments
PROVIDES FITNESS PROGRAMMING		
PROVIDES LEADERSHIP OPPORTUNITIES FOR YOUTH		

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PROVIDES SPORTS PROGRAMMING FOR DISADVANTAGED

PROVIDES TEAM BUILDING OPPORTUNITIES FOR YOUTH

**Environment**

Comments

CHANGES BEHAVIOUR / ENCOURAGES REDUCTION

Yes  / No

CONSERVES WATER

Yes  / No

HELPS CONSERVE LAND FOR WILDLIFE AND PEOPLE

Yes  / No

PROMOTES CLEAN AIR

Yes  / No

PROTECTS FORESTS

Yes  / No

PROTECTS SPECIES

Yes  / No

Other

Comments

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**VII. Outcome Statement**

PROVIDING THE REQUESTED FUNDING WILL LEAD TO A BRIGHT FUTURE BY:

**VIII. Sign Off**

I, the undersigned hereby confirm:

- That the information on this application is correct and that all sections have been completed, to the best of my knowledge.

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Executive director

Type/Print Name

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Date

DD/MM/YYYY

**Signature**



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Chair

Type/Print Name

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Date

DD/MM/YYYY

**Signature**

