

Vernon Alliance Community Initiative Funding Application Form for Organizations

Vernon Alliance Community Initiative Funding is available to organizations whose mandates are community based, include aspects of education, family support, services to vulnerable populations and children, hospital chaplaincy or youth camps. This funding is designed to support programs that serve vulnerable populations, especially those that help relieve poverty for individuals and families in crisis. Funding requests will not cover retroactive funding or to cover a deficit

Important: Please ensure that your application includes all the following, as incomplete applications will not be accepted:

- Vernon Alliance has two application periods during each fiscal year. During the 2022-2023 fiscal period (July to June) applications will only be accepted during the intake periods of October 1 to 30th 2022 and February 1 to 28th 2023.
- Applications must be submitted to <u>kelly@vernonalliance.org</u> no later than 4pm on the last day of the intake period.
- Applicants may run the risk of the funding being depleted if waiting to apply until the February intake deadline.
- Applicants can request funding for up to \$12,000 however only one application will be accepted per organization per fiscal year.
- Applicants must be aware that decisions could include only part of the total dollar request and in these cases, only those with clear plans outlining additional supports would be granted these partial funds.
- Incomplete application will not be considered

Organization Information

Registered Non-Profit Number (if applicable):

- By signing this application, the applicant agrees to using any funding received by Vernon Alliance for the purposes described in the application and providing a completed report document, attached to the application, within one month of the completion of the project or program. Only applicants in good standing (all reports completed and received) can apply for funding in subsequent years.
- Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to funding requests.

Name of Organization: Contact Person: Organization Mailing Address: Business Phone: Email Address of Contact Person:

| Project or Program Goals – Objectives and Activities: |
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| Explain the community benefit of your organization: |
| What year was your organization established: |
| Please identify in detail the steps that your organization has taken to acquire funding from other sources. Please list the other funding requests below and clearly indicate how this project or program would proceed if your total dollar request was not received from Vernon Alliance. |
| Amount of the Request: |
| Purpose of Program or Project and detailed use of requested funds: |
| Project or Program end date: |
| How will you acknowledge Vernon Alliance's funding and support of your project if your application is successful? |