

# The Harry E. Foster Charitable Foundation

Name of Organization:

Street Address:

Suite #

City:

Province:

Postal Code:

Telephone # (     )

Email

Charitable Registration #

Name of Contact:

Title:

Year established:

Foster Foundation funding received most recently:

\$

in

(year)

Amount of funding requested

\$

Total budgeted cost of program/project for which funds are requested

\$

Description of program/project to be funded:

Program to be funded will directly benefit participants as follows:

Participants with an intellectual disability registered in programs this year *(if applicable)*

Participants with an intellectual disability represent            % of total registrants *(if applicable)*

Receive government funding     Yes     No    and / or other private funding     Yes     No

Other types of fundraising undertaken

Is this organization part of a larger charitable / non-profit organization?

Yes

No

If yes, name of parent organization?

Other Programs / Services offered:

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Recognition Opportunities:

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Please forward a copy of your most recent audited financial statement and list of your Board of Directors with this application.

You may also send a 4 – 5 minute Video of your programs and/or other supporting documentation i.e. brochures, covering letter, more developed proposals.

Other comments:

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Enclosures with this application are as follows:

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Name of applicant

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Title

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Signature

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Date

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