



New Brunswick Children's Foundation

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APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT: IT'S IMPORTANT TO SEND ALL REQUESTED INFORMATION, AS INTERVIEWS WITH APPLICANTS BY THE COMMITTEE ARE NOT HELD.

The New Brunswick Children's Foundation Executive Committee meets once a month to review applications and the Board of Directors of the New Brunswick Protestant Orphans' Home (NBPOH) meet quarterly with grants awarded in February, May, August and November.

In order that your application can be reviewed and a recommendation made prior to one of these award months, we should be in receipt of your Application at least two months prior to the award month.

1. Name of Organization:

Address:

Postal Code:

Telephone:

Email:

Date of Application completed (MM/DD/YY): _____

2. Names of the Executive of your Organization (i.e. President, Vice-President, Treasurer, Secretary, etc.)

Name	Position	Telephone

3. Federal Charities Registration Number: _____

Note: Applications without this number will not be considered.

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NBCF Use:

There are five specific areas that must conform to our regulations in order for the Application to be considered. They are as follows:

- Our mandate is to assist children, who are 18 years and under from low-income families and/or children with special needs within the Province of New Brunswick.
- We can only review Applications from Organizations that are **Registered Charities** as designated by the Federal Government. The registration number must appear on the Application to be verified.
- We will only fund up to a maximum of 75% of the total cost of a project or program. At least 25% must be raised by the organization from **non-government** sources.
- Organizations who are members of a Provincial Organization must have, in writing, the approval of the Provincial Executive to have an Application considered by the New Brunswick Children's Foundation of the New Brunswick Protestant Orphans' Home.
- The Application must be completed in full in order to be considered. It is imperative that documents requested on page 7 accompany all Applications AND the signatures of the principal officers of the Organization must be affixed to the Application.

4. Please indicate by marking (X) by one of the following to indicate the type of program for which you are requesting funds:

- | | |
|---|---|
| <p><input type="checkbox"/> Capital - New Facilities</p> <p><input type="checkbox"/> Capital - Expansion of Facilities</p> <p><input type="checkbox"/> Extension of Specific Existing Service</p> <p><input type="checkbox"/> Other - Specify</p> | <p><input type="checkbox"/> A New Service</p> <p><input type="checkbox"/> One Specific Undertaking</p> <p><input type="checkbox"/> A Pilot Project which might become permanent</p> |
|---|---|

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5. A brief description of program or project for which funding is being requested:
(If you require more space please create an Attachment A.)

6. Provide a Breakdown of the Costs for the program or project for which funding is being requested. Please ensure to include the total estimated cost on the "Total" line. *(If you require more space please create an Attachment B.)*

Item	Estimated Cost
Total	

Amount of funding requested from the New Brunswick Children's Foundation \$ _____

Funds requested from the Foundation as % of total program or project costs _____

%Please advise when the program/project will occur (MM/DD/YY) Start date _____ Completion date _____

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7. Provide details on how you plan to fund the total program or project costs including the funding being applied for. (See notes below for instructions to complete this chart.)

Source	Amount	% of Total Funding	Gov't or Private Note 1	Status Note 2
Total		100%		

NOTES:

Note 1 - Gov't or Private: Specify "G" if funding is from a government source and "P" if funding is from a private or non governmental source.

NBCF policy requires that organizations requesting assistance must illustrate that non-government sources, other than us, have contributed at least 25% of the funding for a program or project. We favor projects demonstrating a high level of community and volunteer participation.

Note 2 - Status: Please code status as either:

- | | |
|---|---|
| <p>A.) Funding received from external sources.</p> <p>B.) Funding approved by external source but not yet received.</p> <p>C.) Funding from external source applied for but no response.</p> | <p>D.) Funding from external source yet to be applied for.</p> <p>E.) Internal fundraising completed.</p> <p>F.) Internal fundraising planned.</p> |
|---|---|

8. Have you previously applied for a grant from the NB Children's Foundation? Yes No

9. Information about your organization:

A) Date organization began? (MM/DD/YY) _____

B) What area of New Brunswick do you serve?

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C) What other Organization(s) are performing the same or similar service in New Brunswick?

D) Why do you feel that the Service you provide is best handled by your Organization?

E) Does any exchange take place between your Organization and those Organizations providing a similar service?

F) What is the long-term intention of your Organization?

G) Is it anticipated that the activities for which this assistance is being requested will become self-supporting?

Yes (*If 'YES' please specify*) No

H) Do any of your Officers or Board Members receive remuneration?

Yes (*If 'YES' please specify*) No

I) How many members do you have in your Organization?

- | | |
|---|---|
| (a) _____ Board Members | (c) _____ Paid Part time Employees |
| (b) _____ General Members | (d) _____ Paid Full time Employees |
| (e) _____ Average number of Volunteers working with your group at any given time | |
| (f) _____ Estimate the accumulated Volunteer hours for the fiscal year | |

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J) How do you plan to assess or measure the effectiveness of the program/project for which funding is being requested?

K) Has your Board of Directors approved this application? Yes No

10. Specify information on the Children being served and/or how you expect to be served by the program or project for which you are seeking financial assistance.

	Actual last year	Estimated this year	Forecast next year
Number of Children registered for program <i>(Count each child once)</i>			
Estimate the percentage of Children served who are in financial need.			

How are children needing financial assistance identified and assisted? *(Explain as briefly as possible)*

NOTE: The granting of funds in any year is in no way to be regarded as a commitment by the New Brunswick Children's Foundation to continue such assistance in future years.

We certify to the best of our knowledge, the information provided in this Application and the attachments hereto are accurate and complete and are endorsed by the Organization, which we represent.

11. Signature of two principal Officers of your Organization:

Name	Title	Date (MM/DD/YY)

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Application Prepared by:

Name: _____

Telephone: _____

Title: _____

Who in your Organization may be contacted on Financial Matters concerning this application?

Name: _____

Telephone: _____

Title: _____

Requested documents over and above the Application form. Please include –

Most recent Financial Statements for your Organization. Ex. Balance Sheet, Income Statement, etc.

Most recent Audited Financial Statements or other externally prepared financials.

Most recent Organizational budget.

Most recent Annual Meeting minutes for your Organization.

Once this form has been completed please save this document and email it to info@nbchildren.com or print it off and mail it to our office at 643 Rothesay Avenue, Saint John, NB E2N 2G9.