

| <b>REQUEST FOR FUNDING FI</b>   | ROM:                             |                                 |                                |  |  |  |
|---|----------------------------------|---------------------------------|--------------------------------|--|--|--|
| Name/Account No. of Foundation account: Taylor Taliesin Foundation  |                                  |                                 |                                |  |  |  |
| APPLICATION DATA  |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
| Date of Submission Name of Charity  |                                  | Charity Website                 |                                |  |  |  |
| Mission and Purpose of Charity  |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
| Registered Charity Address  |                                  |                                 | Charitable Registration Number |  |  |  |
| Primary Contact   | Position                         | Contact Tel                     | Email Address                  |  |  |  |
| FUNDING REQUESTED   |                                  |                                 |                                |  |  |  |
| Amount Requested (CDN\$):   |                                  |                                 |                                |  |  |  |
| What will the funds be used for? Desc<br>(Add attachment if necessary)  | ribe the project/program includi | ng location, beneficiaries, tim | eline and expected outcomes.   |  |  |  |
| ,   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |
| What portion of this grant will be used for administrative and fundraising costs? (15% or less is acceptable) |                                  |                                 |                                |  |  |  |
| How much of the total program/projec  | t is supported with this gift?   |                                 |                                |  |  |  |
|   |                                  |                                 |                                |  |  |  |

## FUNDING REQUESTED (continued)

What other sources of funding, including government agencies and earned income, are confirmed, pending and/or potential for the proposed project/program? Please indicate if the funding is confirmed or potential.

| Name of Organization | Amount | % of Support |
|----------------------|--------|--------------|
|                      |        |              |
|                      |        |              |

Please describe the rationale or need for the project/program. What will be the short- and long-term impacts of the initiative? Why are you the right organization to do this work?

## **MEASURES OF SUCCESS**

What are the key metrics you will use to assess this project's success? What are the key risks or barriers to success, and how will you address them?

After the funding described is depleted, are there plans to carry on this project/program? If so, how will it be made sustainable?

## OTHER

| your organization or members of your ma | inagement team? | ninal convictions, foreclosures, bankruptcies, or other litigation ag<br>Yes 🔲 No<br>cial statements. (audited financial statements preferred) | gainst            |  |
|---|-----------------|--|-------------------|--|
| SIGNATURE                               |                 |  |                   |  |
|   |                 | Forward completed Grant Application electronically<br>To: <b>kdillon@canadagives.ca</b>  |                   |  |
| Signature of Applicant                  | Date            | Subject: Foundation & Donor Services/Grant   | t <b>s</b> 05/20  |  |
|   |                 | WORK   | ING TOGETHER WITH |  |

TAYLOR TALIESIN

