



FROG'S BREATH FOUNDATION FUNDING APPLICATION

Small Donations \$500 - \$25,000 (deadline March 30)

Executive Summary		
Name of Organization:		
Sponsoring Organization (if applicable):	Note: If using a sponsoring organization a resolution or letter of support must be attached to the application.	
Address:		
Contact Person:		
Tel:	Fax:	Email:
Charitable Registration Number (required): R R		
Total Organization Budget	Total Cost of Project	Amount Requested
\$	\$	\$
Project Title:		
Brief Description of Program:		
Attach to this application: <ul style="list-style-type: none"> List of Officers and Members of the governing board; their business or other affiliations; the committees that are in place. Current operating budget and project budget Most recent financial statements (audited preferred) Other pertinent material 		

Evaluation Information

Impact On Community

Briefly state the purpose and structure of your organization. Include the following information: history; founding date; volunteer base; staff; location; achievements; whom it serves; goals; principles.

Please also provide your Mission Statement or similar guiding statements (i.e., mandate, goals and operating principle).

What will the project specifically accomplish and how does this relate to the overall goals of your organization?

What specific population will benefit from your project (i.e., how will it work to strengthen and enhance the quality of life in our community)?

Timing

Briefly describe the timing of your project, including the projected start-up and completion dates?

Costs

Please outline your project costs and sources of revenues.

Estimated Expenses	Amount	Comment
Salaries/Fees/Honoraria	\$	
Printing	\$	
Materials/Supplies	\$	
Advertising/Promotion	\$	
Office Expenses	\$	
Other Expenses	\$	
Total Expenses	\$	
Estimated Revenue	Amount	Comments
Fees	\$	
Donations	\$	
Earned Revenue	\$	
Fundraising	\$	
Other Grants	\$	
Funding from Frog's Breath	\$	
Other Revenue	\$	
Total Revenue	\$	

In relation to your start up and completion dates, please outline any impact timing may have on your funding requirements.

Other Money Raised

What other fund raising programs have been considered and/or approached for part of the initial funding requirement? Are there any Government funding programs, such as FedNor, Ontario Heritage Fund, Ontario Trillium Fund, municipal programs, etc., that your organization is potentially eligible for? (Include a current list of supporters and the amounts of financial help they have provided)

Sustainability

Why do you think this project will be successful? What strengths does your organization possess that will ensure a positive outcome? If appropriate, how have you planned to continue this initiative in the future?

If the application is for start-up funding, how will the project be financed in the future?

Leadership

What will you do that is different from or better than existing programs? How will you build on existing programs or services?

Community Support

Who in the community or elsewhere is working on this project? If it is appropriate, how will you coordinate with them? What makes your organization unique?

Recognition For Frog's Breath

How will you acknowledge the contribution of the Frog's Breath Foundation?

Volunteer Base

Briefly describe how you will establish your volunteer base.

Other Factors

Is there anything else you would like us to know about this project?

Will a tax receipt be issued?

FROG'S BREATH FOUNDATION
P.O. Box 130, New Liskeard, Ontario POJ IPO
Tel: (705) 647-1000 Fax: (705) 647-8888
Email: info@frogsbreathfoundation.org