

**Shire Corporate Donations
2018 APPLICATION FORM**

Due Date: Jan 1, March 1, May 1, July 1, Sept 1, Nov 1

Please be advised that this Checklist forms part of your application to Shire. In order for your application to go forward, this form must be completed and signed with the attachments required.

All Applicants:

- The project budget
- Confirmation of registered charitable status or Registered Not for Profit organization

If you are a Community Organization also add:

- Signature of the Chair of the Board of Directors and the Executive Director indicating Authorization of the application by the Board of Directors
- List of current Board members
- Copy of the organization's operating budget for the current year
- Copy of the most recent audited financial statements

If you are a Public Agency (i.e. University, Hospital, School Board, Municipality):

- Signature of the Head of the Department implementing the project

Date:

Executive Director or Head of Department
Signature

Chairperson of Board of Directors
(Community Organizations only)

**Shire Corporate Donations
2017-18
APPLICATION FORM**

Applicant Information

Organization Name:		
Address:		
Registered Charitable Number:		
Telephone:	Fax:	Website:
Contact Person:	Position:	
Telephone:	Fax:	E-mail:
Vision/Mission Statement:		

1. Describe your Project:

2. Our overall goal with this project is to:

3. What activities will be carried out?

4. Please complete the chart below outlining your activities and projected outcomes. **Note that you will be asked to complete the final column in your reporting back if your application is successful.**

Program Activity/Component	Purpose	Anticipated outcomes	Indicators you will be measuring

3. Our target population is:

4. If any, which organizations will be assisting with this project and describe their roles:

5. We chose this project because (what idea, challenge or opportunity led you to pursue this project):

6. We know this project is needed because (specific, research /local needs information):

7. We are the appropriate group to undertake this work because:

8. The number of people we will be serving is estimated at:

9. We would also like you to know that:

10. Will there be healthcare professionals involved/attending? Yes No

11. How will the group measure the outcomes and impacts of the project?

12. Was this initiative funded by Shire previously? Yes No

If so, submit a project update before this application can be considered.

13. Please complete the following project budget form (total should equal amount requested):
Alternatively, You may attach a budget on a separate page.

Item	Details	Amount (\$)
Total Amount		\$

14. Other sources of funding for the project:

Source Organization Contact Name Contact Number	Item / Details	Amount	In Kind or Financial	Anticipated or Confirmed
TOTAL		\$		

15. (If you are applying for an Infrastructure Donation): written documentation is required demonstrating the requesting organization's financial distress where the organization is unable to operate and patient care is consequently jeopardized. Financial distress resulting in whole or in part from mismanagement of the healthcare organization's funds or other matters within its control does not qualify the healthcare organization to receive Infrastructure Donations.

16. Section F: Authorized Signatures

We hereby make application for a Shire grant and declare that the information provided in the application form and all required attachments are complete with no misrepresentation.

We understand that submission of this application will not necessarily result in funding support from Shire. Furthermore, we understand that applications may be funded in full or in part, and with some conditions. We understand that staff and volunteers of Shire will review our application.

We certify that this application has official approval from the Board of Directors of the applicant organization.

Signature, Executive Director/CEO of Applicant*

Name /Title (print)

Signature, Chair, Board of Directors of Applicant*

Name /Title (print)

**If you have any questions or require assistance, please contact
Varsha Nagewadia at: (416) 305-1495 or Varsha.nagewadia@shire.com**