

6. Program or Projection Funding

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

Funds requested from the Foundation as % of total program or project costs _____%
(NB Children's Foundation portion may not exceed 75% of total)

Date funds required from the New Brunswick Children's Foundation (MM/DD/YY) _____

Provide details on how you plan to fund the total program or project costs including the funding being applied for.

Source	Amount	% of Total Funding	Gov't or Private *	Status **
TOTAL	\$	%		

NOTE:

* Specify "G" if funding is from a government source and "P" if funding is from a private or non governmental source.

**** Please code status as either:**

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

7. Have you previously applied for a grant from the NB Children's Foundation?

_____ Yes _____ No

8. 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 _____ No *(If 'YES' please specify)*

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

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

J.) Does your Organization provide a service for which a charge is made?

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

K.) 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

L.) Do you plan to request any other assistance from the New Brunswick Children's Foundation?

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

M) Has your Board of Directors approved this application?

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_____ Yes _____ No

9. Specify information on the Children being served and/or 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?

10. Signature of two principal Officers of your Organization:

Name	Title	Telephone	Date

Application Prepared by:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Contact for Financial matters:

Name: _____

Title: _____

Address: _____

Telephone #: _____