



Friends of Nelson Elders in Care

A registered non-profit society

Box 1064, Nelson, BC V1L 6H3

Date: _____

Application For Funds

Funds are for the enhancement of the lives of seniors in the Nelson area – whether they live in a facility or in their own home.

Organization name: _____

Organization address: _____

Organization's mandate: _____

Contact person (include address if different from above)

Charitable # (if applicable): _____

Telephone #: _____ **Cell #:** _____ **Email:** _____

Project Summary: What the funds will be used for - Project Activities, Plan of Action, Goals and Objectives:

Project Budget: Amount requested and breakdown of what the funds are to be used for. *(Please note funds already raised or received from other organizations and any fundraising plans. Give dollar amounts.)*

Duration of project: _____

Goals of the project: Include who will benefit from this project, both directly and indirectly, include the number of people impacted by this project.

How will you evaluate this project?

If you are accepted for funding you will be expected to submit a written report on your project's outcome (photos would be nice!) If you have any further questions contact:

George Millar, President 250 352 3585

Lauretta Wilson, Treasurer 205 352 5600