

Whistler Health Care Foundation 2025 Grant Funding Application

The Whistler Health Care Foundation is dedicated to the financial support of registered non-profit organizations that qualify under the Canada Income Tax Act as donees, whose activities will provide health care benefits to the residents and guests of the Sea to Sky Corridor. Support from the Whistler Health Care Foundation is given in the form of dollar (\$) grants to qualified donees. Such grants are to be used in the renovation or expansion of health care facilities, the purchase of equipment or in the provision of public education, services or research in a particular health care field.

Successful recipients are required to sign a Grant Recipient Letter of Agreement and Follow up reports must be forwarded to the Foundation upon completion of the project or as outlined in the letter.

Please complete this application form and submit along with any additional information you deem necessary to our Foundation's Coordinator by February 28, 2025. Please do not exceed 10 pages and **send as one file**. Applications are reviewed by the grant committee and presented to the board for final approval.

- If your organization has multiple projects, please submit individual applications per project.
- Should you not be awarded a grant, feel free to consider re-submitting in the next application round.

Successful applicants will be notified by April 30, 2025.

☐ A registered Canadian Amateur Athletic Association

1. Organization Information

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Organiz	rations Name:		
Registe	red Tax Charity BN#:		Year Established:
Mailing	Address:		
City: _	P	rovince:	Postal Code:
Contac	t Name:		Title:
Phone:		Email:	
	Identify your legal status as a qual qualified recipients must be one o		a Income Tax Act. Note: under the propriate box.
	A registered Canadian charity		
	Federal and provincial government or their agents (schools/hospitals)		
	A Canadian municipality (local gove	ernments)	

	U.N. or its agencies
or _i W	none of the above apply, you must have a sponsoring organization with a similar mandate to your ganization in order to receive a grant from WHCF. Sponsoring organizations must provide a letter to the HCF confirming their willingness to sponsor and follow all of the guidelines as indicated on the Grant cipient Letter of Agreement.
Sp	onsoring Organization Name:
Sp	onsoring Organization Charitable Tax #:
Please	attach your proposal which should include responses to the following questions:
3. used.	Name of your project and a detailed description of your funding request and how grant funds will be
4.	 Total financial assistance requested: \$
5. visitors	Describe the program/project and identify how it will support the health of Sea to Sky residents and/ors. (Please be specific)
6.	Outline how you will measure the success of your program/project.
7. progra	Describe the revenues you receive from all sources and indicate how they are used to support your m.
8.	Summarize why your organization was established and identify its key goals.
9. of full-	Describe your Society's organizational structure (include organizational chart if relevant), i.e., number time staff/part time staff, volunteers and names and positions of your board members
10.	Describe how funds are managed within your organization.

What would it mean to your program if funding is not provided by the Whistler Health Care

11.

Foundation? What other options would you pursue?

past ar	past and, if so, how much and for what? Please list all donations since 2000.				
	Identify if you have applied for funding by another organization for this same request and, if so, for such. Also, indicate when you expect to know the outcome of that funding request (please keep us ed as you are informed).				
14.	Please attach evidence of your charitable status.				
15.	Please attach your Society's most recent financial income statement (not more than 2 pages please).				
16.	Please identify how you would recognize or promote the Whistler Health Care Foundation's support of				

Identify whether the Whistler Health Care Foundation has offered support to your organization in the

17.	If necessary, please note that your organization may be contacted for follow up questions.	Please	
provide a name (if different from the applicant) and contact number of contact person.			

Name:	you can reach me at:	 (phone #)
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This application should not be more than 10 pages (not including your additional information such as financials). Please print your application and all other documents and SCAN AS ONE PDF DOCUMENT to submit via e-mail by February 28, 2025.

Please note: Non-profit groups can contact us using the email below for more information on our ongoing grant funding if they have larger scale health care projects in need of funding.

Sharon Tyrrell, Coordinator Whistler Health Care Foundation Whistler, BC 4380 Lorimer Road Whistler, BC V8E 1A7

12.

your program.

<u>info@whistlerhealthcarefoundation.org</u> www.whistlerhealthcarefoundation.org