

Summerland Health Care Auxiliary

SHCA Grant Application Form

SHCA mandate for grant funding: *“Supporting local health care services”*

- Diagnostic, treatment or residential care services as provided in the Penticton Regional Hospital, Summerland Memorial Health Center or the Dr. Andrew Extended Care Unit.
- Treatment pertaining to a specific medical diagnosis as provided by a non-profit institution or community based non-profit organization.
- Research pertaining to innovative treatment methods for a specific medical diagnosis.
- Education pertaining to undergraduate, post-secondary career paths in health care or related fields of study.

GRANT FUNDING FOR WAGES & SALERIES WILL NOT BE CONSIDERED

Organization Name:

Contact person:

Phone:

Email address:

Non-Profit organization:

Registered charity:

CRA #:

Amount requested:

Deadline date for funding notification:

How will this grant be used? (Briefly describe what you are asking for - max 200 words)

How does the program/event align with SHCA’s mandate for grant funding? (max 200 words)

Which municipality (s) would be serviced by this grant?

Target audience:

Please provide a brief overview of your organization(max 200 words):

Other potential funding sources:

How will you measure anticipated results/outcomes? (200 words max)

How will the funding be acknowledged?

Application submission date:

EMAIL GRANT APPLICATION TO: Summerland.Auxiliary@gmail.com

OR MAIL TO: Summerland Health Care Auxiliary
Box 1377
Summerland, BC. V0H 1Z0

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