



# GABRIOLA AUXILIARY for Island Health Care Society

To support community health education, healthcare and patient comfort services

## 2024 GRANT APPLICATION

Date of Application:

Legal Name of Organization:

Registration #:

Mailing Address:

Phone #:

**CONTACT PERSON:**

Position:

Phone #:

Email:

We have read and agree to the GAIHCS 2024 Grant Policies as outlined at:  
<https://www.gabriola-auxiliary.org/programs/#annual-gabriola-grants>

**Name of Project:**

**Total Funds Requested:**

**Project Description** (attach separate sheet if necessary):

**Financial Budget & Breakdown:** (attach details to this form)

*Please note that contractor or employee wages cannot be funded through this grant.*

Budget Item Description

Amount



**TOTAL BUDGET**

**Implementation Process & Timelines:** (attach separate sheet if necessary):

Process Description

Timeline



**Additional Information:**

Optional - include any information that you feel will help us to make our decision.

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Deadline for submission of GAIHCS Annual Grant Applications:

**September 15, 2024**

Please drop-off your application at the GABE shop, or scan it and email to:

[gabriola-auxiliary@shaw.ca](mailto:gabriola-auxiliary@shaw.ca)

**The Gabriola Auxiliary reserves the right to recommend full or partial funding.**