GABRIOLA AUXILIARY
for Island Health Care Society
To support community health education, healthcare and patient comfort services

COMMUNITY 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 Grant Guidelines as outlined at: https://www.gabriola-auxiliary.org/community-grant-guidelines

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

☐ We agree to send a progress/results report to the GAIHCS Board at the end of our project.

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

Grant applications can be submitted any time of the year.
Your application will be reviewed by our Board of Directors and you will be informed of their decision. Please note that not all applications will be selected for funding.

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

secretary@gabriola-auxiliary.com

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