



BC Rehab was created in 1994 with a mission to support people with physical disabilities through education, research, arts, recreation, and wellness programs. We celebrate and support people with physical disabilities in their efforts to strive towards their own form of independence.

PROJECT GRANT APPLICATION

APPLICATION SUMMARY:

Organization (legal name): _____

Organization operating name (if different than above): _____

AMOUNT REQUESTED FROM BC REHAB FOUNDATION: \$ _____

TOTAL PROJECT BUDGET: \$ _____

DURATION OF PROJECT: _____

PROJECT CONTACT NAME AND TITLE: _____

PROJECT TITLE: _____

PLEASE ATTACHED ADDITIONAL SHEETS OF PAPER FOR THE BELOW QUESTIONS IF YOU REQUIRE EXTRA SPACE

PROJECT DESCRIPTION AND RELATIONSHIP TO GOALS OF ORGANIZATION:

WHAT ARE YOUR GOALS FOR THIS PROJECT:

OUTLINE THE TIMELINE:

PROJECT BUDGET SUMMARY:

DESCRIPTION OF COMMUNITY INVOLVEMENT OR OTHER FUNDING SOURCES:

WHY IS THERE A NEED FOR THIS PROJECT?

PLEASE ESTIMATE THE NUMBER OF PEOPLE WITH PHYSICAL DISABILITIES WHO WILL USE OR BENEFIT FROM THE IMPLEMENTATION OF THIS PROJECT:

HOW WILL YOU KNOW IF YOUR PROJECT IS SUCCESSFUL:

HOW WILL YOU CONTINUE TO FUND THIS PROJECT:

WHAT EXPOSURE AND BENEFITS WOULD BC REHAB RECEIVED BY PARTICIPATING IN THIS PROJECT:

WHAT OPPORTUNITIES WILL THERE BE FOR BC REHAB TO BE INVOLVED IN THE PROJECT?

GENERAL INFORMATION:

Address of organization: _____

Telephone number: _____ **Email address:** _____

Registered charitable business number: _____

Website address: _____

BOARD OF DIRECTORS:

Chair: _____ **Telephone number:** _____

DESCRIBE YOUR ORGANIZATION'S MANDATE AND CURRENT AREA OF FOCUS:

Please attach an annual report and a current financial statement