
GAY LEA FOUNDATION

FUNDING APPLICATION



Gay Lea Foundation: Application for Registered Charities

A: GENERAL INFORMATION

Legal name of organization:				
CRA #: <i>(mandatory)</i>		Website and other social media: (if applicable)		
Mailing address:	Street and/or box #:			
	City / Province:		Postal code:	
Contact person: (name)			Contact information: (e-mail and/or phone #)	
List of board of directors with titles:				

B: PROJECT INFORMATION

Please describe the work your charity does or the purpose for which it was created:

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Please describe the project or purpose you are asking the Foundation to fund: (If you need more space, please include a separate document.)

Amount you are asking for:		Project timeframe: (start to finish – month & year)	

Please describe how you will use these funds. Include a list of individual budget items on a separate sheet.

Note: We reserve the right to ask you for a copy of your latest financial statements with this application.

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C: PROJECT BUDGET AND FUNDING INFORMATION

SECTION A: PROJECT ITEM <i>(Please list all items required for project)</i>	COST	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL COST OF PROJECT <i>(sum of all items in Section A)</i>		A \$
SECTION B. FUNDING FROM OTHER SOURCES <i>(Please list all other sources of funding, including personal donations and other donees)</i>		
	\$	
	\$	
	\$	
TOTAL FUNDING FROM OTHER SOURCES <i>(sum of items listed in Section B)</i>		B \$
SECTION C: TOTAL FUNDING REQUESTED FROM GAY LEA FOUNDATION		C \$

If the total in A \$ does not equal B \$ + C \$, where will you get the remaining funds for the project?

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<p>Will these funds be spent in a country other than Canada?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please include the country, and the name of organization that will oversee the spending of these funds.</p>	
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Please describe what checks and balances you have in place to ensure these funds are spent appropriately.

Have you received funding previously from the Gay Lea Foundation for other projects? Please tell us how these funds assisted you in reaching your goals.

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D: CO-OPERATIVE PRINCIPLES

Please describe how you will promote Gay Lea Foods and our co-operative spirit in relation to this project through newsletters, website, social media, etc. It is important to provide a timeline of when you will report back to us as your project progresses and is completed. We look for formal commitments but also love creativity!

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As a co-operative, Gay Lea Foods gives funding preference to organizations that exemplify (some of) the principles of co-operation. Please indicate which, if any, of the principles the work of your organization exemplifies, and tell us how you do so.

<input type="checkbox"/>	Voluntary and open membership	Anyone can join your organization.
<input type="checkbox"/>	Democratic member control	You have an elected board or committee. Changes to your by-laws are voted upon.

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<input type="checkbox"/>	Autonomy and independence	The work you do is not restricted by, or dependent on, a third party or organization.
<input type="checkbox"/>	Education, training and information	The work you do includes education and/or training of your members or of those you serve.
<input type="checkbox"/>	Co-operation among co-operatives	You are a co-operative that works with other co-operatives.
<input type="checkbox"/>	Concern for community	The work you do provides benefit to your community.

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I confirm I have completed this application truthfully and accurately represented our organization.	
Name:	Signature:
Date (dd/mm/yyyy):	

E: QUESTIONS

Questions may be directed to the Foundation e-mail address at foundation@gayleafoods.com.

We thank all organizations for their interest in applying to the Foundation for funding. We will contact all applicants to let you know if your application will be submitted to the foundation board, if it was approved, or if we do not feel your project is a fit for our funding priorities.