

RAPID RESPONSE GRANT APPLICATION

PEACE ARCH HOSPITAL FOUNDATION – RAPID RESPONSE GRANT APPLICATION

The Rapid Response Grant (RRG) is activated to respond to the ever-changing needs of the White Rock South Surrey community during times of uncertainty or crisis; providing rapid financial assistance to those working diligently to aid our community.

This grant is available to support local organizations, employees of Peace Arch Hospital, and Fraser Health Community staff working in the White Rock South Surrey area. Providing urgently needed funding to support programs, services, and activities to assist in alleviating effects of events causing large scale community impact, natural disasters, pandemics etc. Applications are accepted and reviewed as received on an on-going basis.

Funding is not available to supplement payroll, operating costs or confirmed government emergency funding.

CONTACT INFORMATION

Full Name: _____

Title/Position: _____

Phone Number: _____

Email: _____

Department: **(If PAH Employee):** _____

ORGANIZATION

Organization Name: _____

Address: _____

City: _____

Postal Code: _____

Registered Charitable Business # (if applicable): _____

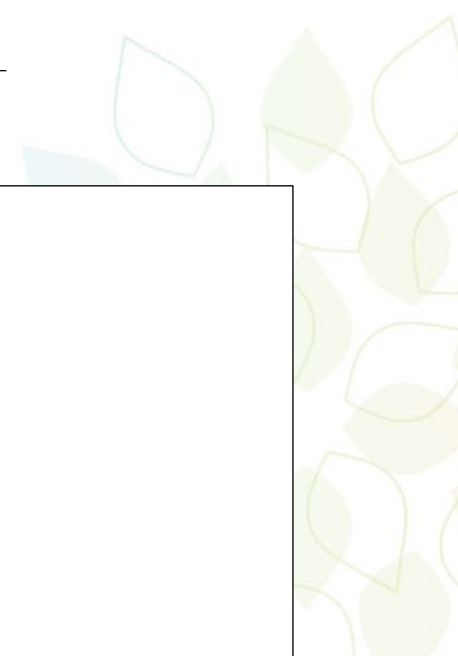
PROPOSAL

Name of Initiative: _____

Funding Amount Requested: _____

Term: _____

1. Provide a brief overview of your organization or FHA Department.

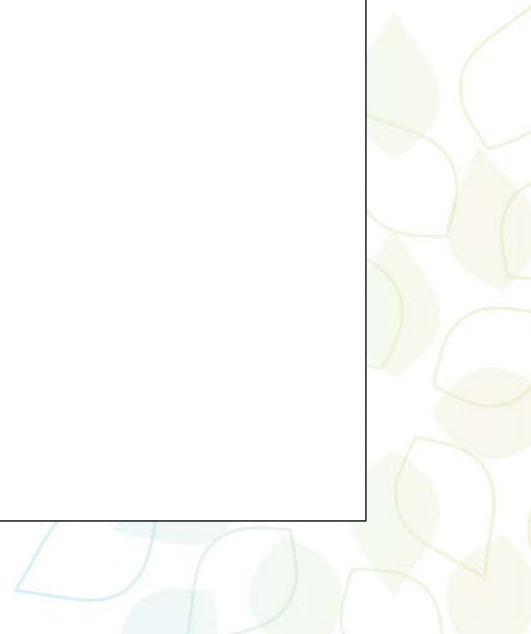


2. Provide a summary of your proposed project.

3. Describe your target population, how they benefit from this initiative?

4. Will this project/program take place or impact those living in the White Rock/South Surrey Community? Yes No

5. Project Timeline - Briefly describe the steps to be taken to implement this project.



BUDGET

1. Total project budget: \$ _____
2. Amount requested from Rapid Response Grant (RRG): \$ _____
3. Which expenditure(s) will this RRG funding be applied towards?

APPROVALS (please complete the section(s) applicable to you)

An approval signature is required from a senior executive from your organization including, but not limited to; Program Manager, Director, or Executive Director.

By signing below, you hereby verify the details of the proposed initiative and provide your approval of the grant application process.

Full Name: _____
Email Address: _____
Title: _____
Signature: _____
Date: _____

Applications from FHA/PAH require signatures from the Director of Clinical Services and PAH Executive Director:

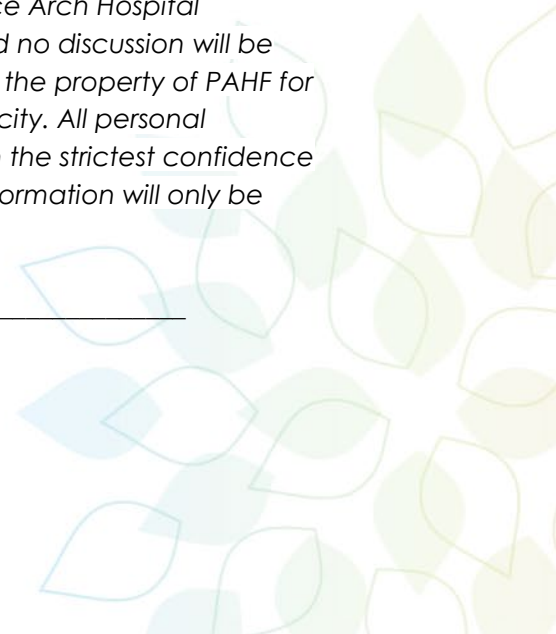
Name: _____ Signature: _____ Position: _____ Date: _____

Name: _____ Signature: _____ Position: _____ Date: _____

ACKNOWLEDGEMENT

By signing below, I hereby agree to abide by all decisions of Peace Arch Hospital Foundation (PAHF). I agree that all funding decisions are final, and no discussion will be entered into following decision. All application material becomes the property of PAHF for its use or release of same material for any purpose including publicity. All personal information gathered by PAHF regarding the applicant will held in the strictest confidence and treated as such under current privacy legislation. Personal information will only be shared with the Foundation's Board of Directors and staff.

Applicant Signature: _____
Date: _____



PLEASE SUBMIT COMPLETED APPLICATIONS TO:

Amy Westen

Email: amywesten@pahfoundation.ca

FOUNDATION USE ONLY Received: _____ Project ID #: _____
Approved: Yes No Fund: _____ Approved Amount: _____
Signature: _____ Date: _____ Decision Notice: _____

