

# Application Form

The Healing Fund  
of The United Church of Canada  
300-3250 Bloor Street West,  
Toronto, ON M8X 2Y4

<b>Name of Organization</b>	
<b>Brief Description of Organization</b>	
	Is the organization incorporated? Y( ) N( ) Is the organization a registered charity? Y( ) N( ) If Yes, registration number:
	Is the organization Aboriginal: Y( ) N( ) (Please circle or highlight) First Nation            Inuit            Métis
	Is the organization located: (Please circle or highlight) On First Nation    or    Off First Nation
<i>For United Church records only</i>	Presbytery and/or Conference:

<b>Contact Information</b> Primary Contact	Name:
	Address:
	Phone: Fax: Email:
Make cheque payable to:	<i>Note: we will not make cheques payable to an individual</i>
Mail cheque to:	

<b>Project Name</b>	
<b>Target Group</b> -Residential School Survivors -Intergenerational -Healing Circle Men Women Families Community -Language Recovery -Cultural Recovery -Regional	
<b>Project Description</b> Provide a brief description of the project. Tell us exactly what you intend to do with the funding provided.  Attach additional pages if necessary.	
<b>Project Goals and Objectives</b> List what the project hopes to achieve and how it will achieve this goal.	Goals     Objectives
<b>Community Information</b> Describe the community <ul style="list-style-type: none"> <li>• its population</li> <li>• who will attend the event</li> <li>• how will they benefit</li> </ul>	

<ul style="list-style-type: none"> <li>• <i>how will this project affect the community.</i></li> </ul> <p><i>Tell us where the activity or event will take place.</i></p>	
<b>Project Start Date</b>	<i>Start date for March applications recommended to be after <b>June 1</b> and for September applications recommended to be after <b>December 1</b> due to Healing Fund Council meeting dates and processing time.</i>
<b>Project End Date</b>	

Grant Amount Requested:	Other Sources of Funding including In-kind:	List any previous Applications to the Healing Fund

**Attachments: Ensure that all attachments are received by the deadline date. Any applications without proper supporting documents will not be considered.**

<p><b>Budget</b></p> <ul style="list-style-type: none"> <li>• Provide a budget showing all sources of income (including in-kind donations) and all anticipated expenses.</li> <li>• The Healing Fund does not cover capital costs such as purchasing property, furniture, or equipment.</li> <li>• The Healing Fund is not intended for wages but will cover facilitator's fees and honoraria. Recommended maximum fees are: Facilitators: \$250; and Elders \$100 per day</li> <li>• <b>If the project's total budget exceeds \$15,000.00, budget must show what portion of the total budget (not to exceed \$15,000.00) will be covered by the Healing Fund Grant.</b></li> </ul>	<p><b>Letters of Support</b></p> <p><i>Provide two (2) letters of support from the community in which the project takes place. Letters from organizations should be on letterhead. Letters from individuals should be handwritten. Letters are not to be form letters. Letters of support must be received on or before the deadline date.</i></p>
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This application is submitted for consideration by the Healing Fund Council on behalf of the organization noted herein, and the person signing below is duly authorized by the organization to commit to this project on its behalf.

\_\_\_\_\_  
Signature of Primary Contact

\_\_\_\_\_

Date

Send Application to:  
The Healing Fund  
The United Church of Canada  
Suite 300, 3250 Bloor Street West  
Toronto, ON M8X 2Y4

**Deadlines for submission: March 15<sup>th</sup> and September 15<sup>th</sup>**