



*the*  
**OutCare**  
*foundation*

*Supporting Community-based  
Healthcare in Eastern Ontario*

## ***The OutCare Foundation***

# **APPLICATION FOR FUNDING**

# **The OutCare Foundation Application For Funding**

The OutCare Foundation, an independent, federally incorporated Foundation is committed to the financial support of charitable, "out-of hospital" health care programs, **with an emphasis on hospice palliative care.**

Reaching out to the community through ongoing fundraising programs, the Foundation raises funds through individual donations, support from the business sector, corporations, service clubs and other foundations.

The OutCare Foundation is the only registered, charitable foundation in Ontario to exclusively support "out-of-hospital" health care programs and services.

## **ELIGIBILITY FOR FUNDING**

**Funding support focuses on charitable, registered out-of-hospital health care providers for the development of new programs or the expansion of existing programs or services that provide out-of-hospital health care to a larger portion of the community.**

Requests for funding are reviewed **(twice annually)** by a volunteer committee of the Foundation's Board of Directors. Applications can be submitted **on an ongoing basis**. Grants are awarded within the parameters of available funds.

***The following criteria must be satisfied prior to the applicant receiving serious consideration.***

- Funding will only be awarded to organizations/services in Ottawa and Eastern Ontario who are recognized by Revenue Canada as a Registered Charity
- The financial need of the organization must be demonstrated
- The health care service provided must meet the needs of the community being served
- The organization must be proven fiscally responsible
- The organization must demonstrate its willingness and ability, (in a written plan) to independently raise funds to ensure the continuum of the program
- Programs/services must benefit the residents of Ottawa and Eastern Ontario

## **FUNDING RESTRICTIONS**

- ◆ Deficit reduction
- ◆ Capital or building campaigns
- ◆ Purchase of capital equipment
- ◆ Individuals
- ◆ Administrative costs

## **HOW TO PREPARE YOUR APPLICATION/PROPOSAL**

A short cover sheet has been provided for your use. Please provide information in a concise typewritten format, noting reference to the specific criteria.

***Please include the following information with your application:***

- A list of your Board of Directors
- Current operating budget
- Most recent financial statement
- Written plan for future fundraising activities

## **PLEASE NOTE**

1. Funding for one to three years will be considered
2. The attachments to your application will not be returned
3. Should your request for funding be successful, the following terms of agreement, between The OutCare Foundation and your organization are requested:
  - The use of client testimonial and pictures by The OutCare Foundation
  - Acknowledgement of The OutCare Foundation funding in recipient newsletter/publications
  - Written press release to community newspapers
  - Year end audited financial statement
  - Liaison between recipient Board of Directors and The OutCare Foundation Board representative to ensure adequate maintenance of program within operating budget

**Please include a letter of intent in response to the following:**

1. Date the organization was incorporated as a charitable, non-profit health care organization, recognized by Revenue Canada.
2. Provide a detailed description of the services you currently provide.
3. Provide a detail description of the program/service for which you are applying for funding and the time-frame for implementation.
4. What makes your organization qualified to provide this service?
5. A detailed description as to how the monies will be utilized.
6. Is the program presently being financed from your current budget?
7. Do you receive any other sources of funding? If yes, from where?
8. What percentage of your total revenue for your last fiscal year does this funding request represent?
9. If you receive funding from federal or provincial sources, what percentage of your yearly revenue does this funding represent?
10. Who will be best served by the services your organization provides?
11. How many clients will benefit, directly or indirectly from a new program?
12. How many clients will benefit, directly or indirectly from the expansion of your existing program?
13. Are community members and other groups or organizations involved with your organization? If so, how?
14. How will the program/service be funded in future years?
15. What type of fundraising activities will you be willing to undertake to ensure continuum of the service?
16. Are user fees required for use of your services by the client?
17. Would you be agreeable to a partnership with The OutCare Foundation in a joint fundraising event, with net proceeds being equally distributed between both charities?
18. How many full and part-time staff do you employ?
19. What is the proportion of staff costs to your organization's total revenue?
20. How many volunteers do you use and what do they do?

## **FINANCIAL INFORMATION**

*Please attach a detailed program budget, including estimated expenditures and revenues.*

**If your organization receives funding, please note that there will be a one year interval prior to that organization being able to re-apply.**

### **Mail your proposal to:**

**The OutCare Foundation  
Suite#214-720 Belfast Road  
Ottawa, Ontario  
K1G 0Z5**

***Applications received by facsimile will NOT be considered for support.***

**FOR OFFICE USE ONLY**

**DATE RECEIVED**

**FUNDING AWARD**

**AMOUNT**

**Term of Grant** \_\_\_\_\_

**The OutCare Foundation Application for Funding**

*Please complete, in print or in type-written format, in the space provided.*

**Name of Organization:** \_\_\_\_\_

**Registered Business Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Total Cost of Program

Amount Requested

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Mission of Organization:** \_\_\_\_\_

\_\_\_\_\_

**Authorization of  
Chairman of Board**

**Chief Administrator/Staff  
Person:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Name *(please print)*