



*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:**

*Please fill out all below information and attach to your application package:*

Organization (legal name): \_\_\_\_\_

Organization operating name (if different than above): \_\_\_\_\_

Registered Charity Number: \_\_\_\_\_

AMOUNT REQUESTED FROM BC REHAB: \$ \_\_\_\_\_

TOTAL PROJECT BUDGET: \$ \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

DURATION OF PROJECT: \_\_\_\_\_

PROJECT CONTACT NAME AND TITLE: \_\_\_\_\_

Project contact information (phone and e-mail address of main contact person):

\_\_\_\_\_

Organization mailing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICATION QUESTIONS

*In order for your application to be considered all below questions must be answered completely*

1. Provide a project description and explain its relationship to the goals of your organization.
2. What are the goals for this project?
3. How will you measure the outcomes of this project?
4. Outline the timeline of your project implementation
5. Provide a summary of your budget.
6. Describe community involvement and all funding sources.
7. Explain why there is a need for this project.
8. Please estimate the number of people with physical disabilities who will benefit from the implementation of this project.
9. How will your organization continue to fund this project?
10. What exposure and benefits would BC Rehab receive by participating in this project?
11. What opportunities will there be for BC Rehab to be involved in this project?
12. How will you know if the project is successful?

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Please complete the above questions in one full document. In addition to answering the application questions other supporting documents are required for our review committee to properly consider your application. Additional documentation to be submitted:

- Cover letter (no more than 1 page on your company letterhead)
- Please include one copy of you agency's most recent annual report
- Additional newsletters, information sheets and brochures regarding your organization may be included in your application package and will be retained in our files
- Full project budget, including information on additional funding sources (both confirmed and pending). Please include any estimates or quotes that are relevant to your funding request.
- If applicable, feel free to include letters of recommendation from project supporters (e.g. community members, people involved with the project, Board members, and people with disabilities who are involved and/or will benefit from the project)

Application packages must be sent in the mail to the BC Rehab office (mailing address below). Applicants must also e-mail an electronic version of the application questions (#1-12) to Trynka Gogal, Client Services and Administrative Coordinator at [trynka@bcrehab.com](mailto:trynka@bcrehab.com)

**MAILING ADDRESS:**

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V5Z 2G9

PHONE: 604-737-6383