



COMMUNITY SUPPORT FUND APPLICATION

Thank you for applying for the Surerus Community Support Fund

Please take the time to fill in all the information in detail. If you have not already done so, please review our funding guidelines before applying.

If you have any questions, please contact us at 250 785 2423, and ask to speak with the contact person for the Community Support Fund.

Organization Information

Full Name of Organization: _____

Legal Name (if different from above): _____

Physical Address: _____

Mailing Address: _____

Website: _____

Organization Contact Information

Representative Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Alternative Representative Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

How did you hear about this program?

Website

Social Media

Surerus Employee

Newspaper

Digital Advertising

Other:

Project Eligibility

Registered Status: _____

*Provide a copy of incorporation as a supporting document.

Please indicate what category your organization falls under: _____

*medical, social, senior, youth, foodbank, recreation, etc.

Describe your organization's overall mission or main objectives

*if you require additional space, please attach additional papers or documentation

If your organization is chosen, how will the funds be utilized?

*If you require additional space, please attach additional papers or documentation



What other sources of funding for this program/organization have you received?

*If you require additional space, please attach additional papers or documentation

Source 1: _____	Dollars Received: _____
Source 2: _____	Dollars Received: _____
Source 3: _____	Dollars Received: _____
Source 4: _____	Dollars Received: _____
Source 5: _____	Dollars Received: _____

How much financial support in total is required to complete this project or to operate the program annually?

Annual Operating Funding Dollars Required: _____

Individual Project Funding

How much funding are you requesting in this application?

Dollars Requested: Dollar Amount _____

Will this program or organization be sustainable past the support of this funding?

Yes

No

Details: _____

How many people are anticipated to be impacted by this project if you receive funding?

Number of People: _____

Please provide details on the expected community benefits of this program (direct and indirect):

Please describe how your program will improve the quality of life for your targeted demographic:

Please provide any further details that you feel would be important for us to know when considering your application:

Authorized Signature of Organization: _____ Date: _____

Name of Authorized Person: _____

Please submit this application to info@surerus.com once it is completed.

Thank you for applying