



EASTER SEALS GRANT APPLICATION
Submission Deadline: October 22, 2019



Name of Organization: _____

Address: _____

Contact Person Name: _____ Position: _____

Contact Phone: _____ Email: _____

Charitable Registration Number: _____ *Easter Seals is restricted to funding Registered Charities only

Registered Charity Name (if different from Organization) _____

Name of Project for funding: _____ Start date: _____ End date: _____

Project Description: _____

Total Amount of Grant Request: _____ Other Funding sources for Project, include amounts: _____

Number of people with disabilities project will serve: Up to age 17 _____ Age 18 and over _____

Geographic County of people served: Queens # served _____ Kings # served _____ Prince @ served _____

Please include the following:

- If you received Easter Seals funding last year include a report on the project. Include any project deviations from your original application for funding.
- Include a budget for project for which you are applying for the grant.
- Include financials for your fiscal year up to September 30, 2019. (Audited statements are not necessary)

By signing this form, I confirm that I am duly authorized to do so on behalf of the organization. I agree and accept that upon receiving funding from Easter Seals (if grant is approved), that funds will be used solely for the purposes set forth in this application. I understand that the decisions of the Easter Seals Committee are final. Only successful applicants for funding will be contacted.

Signature: _____ Date: _____

Please return this application and accompanying documents to: edna@benefitsplusinc.ca, or mail to P.O. Box 1481 Charlottetown, PEI C1A 7N1. You may also drop off to 125 Pownal Street, Charlottetown to attention of Edna Reid.

If you have any questions, please do not hesitate to contact Edna Reid, Campaign Chair at 902-626-4832