



Box 456
 Lantzville, BC Canada
 V0R 2H0
 www.rocnanaimo.com

ROC USE ONLY	
NUMBER	
AMOUNT	\$
INITIALS	

FUNDING APPLICATION

ORGANIZATION AND APPLICANT INFORMATION

NAME OF ORGANIZATION AND/OR INDIVIDUAL		TELEPHONE NUMBER
MAILING ADDRESS OF ORGANIZATION AND/OR INDIVIDUAL		FAX
CITY/TOWN/COUNTRY	POSTAL CODE	EMAIL
NAME OF CONTACT	POSITION	TELEPHONE NUMBER
ADDRESS (IF DIFFERENT FROM ABOVE)		FAX
CITY/TOWN/COUNTRY	POSTAL CODE	EMAIL

PROJECT INFORMATION

NAME OF PROJECT (NOT NECESSARY FOR AN INDIVIDUAL'S FUNDING REQUEST)	CHARITABLE TAX NUMBER	AMOUNT OF FUNDING REQUESTED \$
DESCRIPTION OF PROJECT OR REASON FOR FUNDING REQUEST	PROJECT GOALS OR FUNDING REQUEST'S GOALS	
LIST PARTNER ORGANIZATIONS OR SOURCE(S) OF ADDITIONAL FUNDING	DESCRIBE HOW YOUR PROJECT OR FUNDING REQUEST TIES IN WITH ROC OBJECTIVES	

INDICATE HOW ROC FUNDING WILL BE ALLOCATED	PRIVACY PROTECTION (PLEASE CHECK ONE) <input type="checkbox"/> PRIVACY PROTECTION NOT REQUIRED. OK TO USE NAME AND/OR IMAGES OF THE PERSON OR ORGANIZATION I REPRESENT FOR PUBLICITY OR OTHER PURPOSES. <input type="checkbox"/> PRIVACY PROTECTION REQUIRED. _____ _____
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DECLARATION AND SIGNATURE OF APPLICANT

- 1) I hereby confirm that all information included on this form is accurate and complete.
 - 2) I agree to provide the Runners of Compassion with updates, as requested, outlining how funding is being allocated.
 - 3) I have signing authority on behalf of the above named person or organization.
 - 4) I authorize Runners of Compassion to use a description of the above named person or organization and to use images or pictures of recipients or members of the above named person or organization for publicity or other purposes, and confirm that I am entitled to give this authority.
- *(Note: Exceptions apply to persons or organizations requiring anonymity or privacy protection as requested above.)

SIGNATURE OF APPLICANT	DATE SIGNED
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