



As a team we can do more. Here's what we need to know:

Application

This application must be completed in order for your application to be reviewed and considered.

Checklist:

Please answer each question within the space provided. Additional or supplementary information will be requested as needed. Incomplete information will result in delays in the review process.

Here's what we need included:

- Your complete, signed application
- Most recent audited financial statements
- List of officers and board of directors
- List of current funders (template attached)
- Conditions and requirement form
- Letters of reference x2

Organization  
Details:

Organization Name:	
Year Organization Formed:	CRA#
Street Address:	
City:	Postal Code:
Telephone:	Website:
Address of Project (if different from above):	

Contact  
Details:

Contact Name:		
Title:		
Telephone:		
Email:		
<b>Is your organization governed by a Board of Directors?</b> <b>Yes</b> <b>No</b>		
If "yes" please attach a list of members.		

Funding  
Request:

Matching Request (= your organization's contribution)	\$
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Coach  
Usage:

Please describe how a Sunshine Coach would be used for your program:

1. Do you have a Sunshine Coach now?      Yes      No
2. If yes, how many are in current operation?
3. If no, how are you currently transporting your children?
4. How often would you use the coach each week?
5. Is this application to replace a current Sunshine Coach?      Yes      No

When is your  
coach required  
(mm/dd/yyyy):

What size vehicle are you requesting?  
(for how many passengers):

Do you need wheelchair  
accessibility?      Yes      No  
If so, how many wheelchairs?

Organization  
Mandate:

What is the mandate of your organization and how does this request fit within it?

Location

**In which health region do the children you support reside?**

Vancouver Coastal (VCH)  
Vancouver Island (VIHA)  
Interior (IH)

Northern (NH)  
Fraser (FH)

Target  
Age

**The target age range this project/program will support:**

Infants/ Tots (birth - 3)  
Pre-School (3-5)

School age (5-12)  
Youth (13-18)

Participation:

Does your program support a min. of 25% children/youth with designated medical/  
developmental special needs?      Yes      No

Total number of children/ youth with special needs that would benefit from transportation  
of the Sunshine Coach \_\_\_\_\_

How many children/ youth in total does your organization serve? \_\_\_\_\_

What is the ratio % of special needs to “typical” children you serve? \_\_\_\_:\_\_\_\_\_

Special Need(s)  
Impact

**Contributing medical conditions/circumstances of children (check all the apply)**

- |                                                            |                                                   |
|------------------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> Allergy/ Asthma                      | <input type="radio"/> Mental Health               |
| <input type="radio"/> Audiology                            | <input type="radio"/> Nephrology (Kidneys)        |
| <input type="radio"/> Biochemical Disease                  | <input type="radio"/> Neurosciences (Neurology)   |
| <input type="radio"/> Cardiology                           | <input type="radio"/> Oncology, Haematology & BMT |
| <input type="radio"/> Cleft & Craniofacial                 | <input type="radio"/> Ophthalmology               |
| <input type="radio"/> Dermatology                          | <input type="radio"/> Orthopaedics                |
| <input type="radio"/> Endocrinology & Diabetes             | <input type="radio"/> Pain                        |
| <input type="radio"/> Gastroenterology                     | <input type="radio"/> Urology                     |
| <input type="radio"/> Medical Genetics & Genetic Disorders |                                                   |

**Developmental – please check all that apply**

- |                                                                |                                               |
|----------------------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Attention Deficit/Hyperactivity Disorder | <input type="radio"/> Intellectual Disability |
| <input type="radio"/> Autism Spectrum Disorders                | <input type="radio"/> Learning Disability     |
| <input type="radio"/> Fetal Alcohol Spectrum Disorders         |                                               |
| <input type="radio"/> <b>Financial Need</b>                    |                                               |

Funding  
Information:

**Are there other funds from other sources or funding commitments for your application?**

**Yes      No**

If yes, please attach documentation outlining sources and amounts requested and status (including government, corporate, foundations, fundraising, etc)

Financial  
Statement:

**Do you have a current audited financial statement?      Yes      No (If yes, please attach)**

**What is your annual operating budget? \$**

Previous  
Support:

**If funded by Variety previously, please list how including date(s).**



Goals and Outcomes:

**What are the expected outcomes and goals should you receive a coach?**

Measuring Success:

**List three (3) different ways success will be measured:**

- 1.
- 2.
- 3.

Community Impact:

**How will having a Sunshine Coach benefit children/ youth who have special needs in your community?**

Recognition

**What are the opportunities to recognize Variety’s contribution?**

To the best of my knowledge, statements in this application and all attachments are true and correct. I also understand that Variety, in evaluating this application may review any information submitted as part of this request as needed and will treat information submitted as confidential.

Authorized Signature

Printed Name:

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applications and supporting documents may be emailed to [heart.fund@variety.bc.ca](mailto:heart.fund@variety.bc.ca)



**List of Attachments Required:**

Please include this page in your application.

- Funding Sources Date Received:
- Budget Date Received:
- List of Officers and Board Directors Date Received:
- Audited Financial Statement Date Received:
- Conditions and Requirement form Date Received:
- Letter of reference 1 Date Received:
- Letter of reference 2 Date Received:

**For Variety Use Only**

Organization#	
PO#	
APP#	
Project Name:	
HOV Committee Date:	
HOV Committee Reviewers:	
HOV Recommendation:	
BOD Approval:	