

Request for Project Funding

Charis Care Ministry

Please provide as much information as possible in order to expedite the review and approval process. Be as accurate as possible with project expense estimates.

1. **Your Name:**
2. **Your Phone:**
3. **What is the estimated amount of funding required to complete this project?** _____
4. **Will the funds be used by one of the Charis Core Services? If so, check which one:**
 - a. _____ Meals
 - b. _____ Transportation
 - c. _____ In-Home Visits
 - d. _____ Home Services
5. **Describe the nature of the project work that you are requesting Charis funding for:**
6. **Provide a breakdown of the expenses involved that totals to the amount of funds being requested:**
7. **When is the funding required (check one)?**
 - a. _____ The project team will spend the money up front and seek Charis reimbursement later
 - b. _____ The project team is requesting the funds up front from Charis in order to proceed
8. **Affirmation and Consent**

I affirm that the financial estimate provided is accurate to the best of my knowledge. I understand that submission of this application does not guarantee project funding and that receipts for major expenditures are required in order to be reimbursed.

Signature: _____

Date: _____

Please return your completed Application Form in a sealed envelope to the NSBC Office. Address the envelope to Charis Care Ministry. Be sure to keep a copy for your records. If you have any questions while completing this application, send an email to Charis@northshorebc.com (will try and see if Kenny can automate this one)