



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

ROC USE ONLY	
NUMBER	
AMOUNT	\$
INITIALS	

FUNDING APPLICATION

ORGANIZATION AND APPLICANT INFORMATION

NAME OF ORGANIZATION		TELEPHONE NUMBER
MAILING ADDRESS OF ORGANIZATION		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	CHARITABLE TAX NUMBER	AMOUNT OF FUNDING REQUESTED
DESCRIPTION OF PROJECT		\$
PROJECT GOALS		
LIST PARTNER ORGANIZATIONS OR SOURCE(S) OF ADDITIONAL FUNDING	DESCRIBE HOW YOUR PROJECT TIES IN WITH ROC OBJECTIVES	
INDICATE HOW ROC FUNDING WILL BE ALLOCATED	PRIVACY PROTECTION (PLEASE <input checked="" type="checkbox"/> ONE) <input type="checkbox"/> PRIVACY PROTECTION NOT REQUIRED. OK TO USE NAME AND/OR IMAGES OF THE ORGANIZATION I REPRESENT FOR PUBLICITY OR OTHER PURPOSES. <input type="checkbox"/> *PRIVACY PROTECTION REQUIRED. (PLEASE PROVIDE EXPLANATION): _____ _____	

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 organization.
- *4) I authorize Runners of Compassion to use a description of the above named organization and to use images or pictures of recipients or members of the above named organization for publicity or other purposes, and confirm that I am entitled to give this authority. *(Note: Exceptions apply to organizations requiring anonymity or privacy protection as requested above)

SIGNATURE OF APPLICANT	DATE SIGNED
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MAIL COMPLETED FORM TO ADDRESS INDICATED ABOVE