

**POWER 104, Q103.1, TD-CANADA TRUST
KIDS CARE FUND APPLICATION**

Date of Application: _____

(1) Organization Information

Name: _____

Address: _____

Telephone: _____ Fax: _____

(2) Request Information

What is the request funding for? _____

Number of children who will benefit directly? _____

Age ranges: 0-3 # _____ 3-6 # _____ 7-12 # _____ 13-18 # _____

How will project benefit children? _____

Project Start-Date: _____ Completion Date: _____

Total Project Cost \$: _____ Amount Requested from Kids Care \$: _____

Other Sources of Funding: _____

Are These Sources Secured?

YES

NO

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(3) Items to be Purchased

ITEM	COST
TOTAL	\$ _____

As recipient of a Kids Care grant, would you agree to:

- ☞ Provide proof of full replacement insurance.
 YES NO
- ☞ Ensure Kids Care approved signage is in a visible and appropriate location.
 YES NO
- ☞ Equipment is appropriately labelled.
 YES NO
- ☞ Provide plans to Kids Care.
 YES NO
- ☞ Provide photographs of finished project and/or equipment showing signage.
 YES NO
- ☞ Assist Kids Care in its promotion and fundraising endeavors.
 YES NO

AUTHORIZED SIGNATURE: _____
 Print Name

 Signature

 Title

 Date