

**Yuill Family Foundation**  
**Donation Funding Application**  
*Updated January, 2022*

### **Who Should Apply**

Applications are accepted from organizations holding a **Charitable Registration Number** issued by Canada Revenue Agency.

### **When to Apply**

Donation applications will be reviewed throughout the year.

Normally, donations will be finalized two to three months after completed application is received. Applicants will be notified then of the decision to approve the donation request.

### **What Types of Projects are Considered?**

The Directors of The Yuill Family Foundation determine donation criteria on an annual basis. Currently, projects relating to three specific areas: health, physical education and youth with projects located in Medicine Hat, Alberta – Western Canada and the country of Canada will be considered. Typically capital projects are given priority over funding for operations.

In assessing applications, the Foundation looks at organizations that show a fiscal plan and have committed board governance. Applicants must demonstrate how their initiative will benefit the community and how the project will be funded beyond the **donation from the Yuill Family Foundation**.

### **Final Reporting and Recognition**

- A formal *Donation Agreement* will be signed by each successful applicant.
- There is an expectation that successful applicants will provide agreed upon public recognition to the Foundation.
- A *Final Report* is required from all successful applicants as outlined in the Agreement

Applications submitted to:            Yuill Family Foundation  
   361 First Street SE  
   Medicine Hat, AB T1A 0A5  
   Attn: Cori Cuthbertson


**The Yuill Family Foundation Donation Request**

Please complete this form in the space provided

**Section 1: Contact Information**

<b>Legal Agency Name</b>			
<b>Address</b>			
<b>Postal Code</b>		<b>Email</b>	
<b>Contact Person</b>		<b>Phone</b>	
<b>Canada Revenue Agency Charitable Registration #</b>			


**Section 2: Project Info**

<b>Project Title</b>	
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Funds to be used for:                       New Project                       Existing Project

A brief project description – what the need is, how you will address the need, what is the time-line for this project, and the outcome you expect. (In depth information in “question” section of application.)

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<b>Total Cost of the Project</b>	\$	<b>Amount Requested from YFF</b>	\$
<b>When are the funds required? Start Date:</b>		<b>Completion Date:</b>	

**Section 2: Project Budget (Detailed)**

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**PROJECT REVENUE**

Source of Revenue	Assured	Potential
	\$	\$
<b>Other Funders (Specify)</b>		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Government (please specify)</b>		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Support from your agency</b>	\$	\$

<b>Total Project Revenue</b>	\$	+	\$	=	\$
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**PROJECT EXPENDITURES**

Items	Cost
Salaries/Benefits	\$
Professional Fees/honoraria	\$
Capital (specify)	\$
Computers/Equipment (quotes attached)	\$
Other	\$
	\$
	\$
	\$
	\$
	\$

<b>Total Project Expenditures</b>	\$
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**Section 3: Organization Information**

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Mission or purpose of applicant organization:
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Activities of applicant organization:			
<b>Number of Employees</b>	FTE:	<b>Number of Volunteers:</b>	
	PTE:		

**Section 4: Authorization/Verification**

**I certify the information provided is true and correct.**

<b>Board Chair:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Chief Staff Person:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**CHECKLIST - Please check to ensure all documents are enclosed before submitting the application.**

- Application Form – completed and signed by Board Chair & Senior Staff Person
- Mission/Vision Statement and Goals of Your Organization
- Board of Directors – Current List including addresses and phone numbers