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| 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)<br><input type="checkbox"/> PRIVACY PROTECTION NOT REQUIRED. OK TO USE NAME AND/OR IMAGES OF THE ORGANIZATION I REPRESENT FOR PUBLICITY OR OTHER PURPOSES.<br><input type="checkbox"/> *PRIVACY PROTECTION REQUIRED. (PLEASE PROVIDE EXPLANATION):<br>_____<br>_____ |                             |

### 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 |
|------------------------|-------------|

MAIL COMPLETED FORM TO ADDRESS INDICATED ABOVE