

HEALTHY COMMUNITY GRANT LETTER OF INTENT PREP DOCUMENT

Peace Arch Hospital & Community Health Foundation respectfully acknowledges the history, language, and culture of the Semiahmoo First Nation whose unceded and traditional homeland we conduct our work on.

PREFACE

Thank you for your interest in the Peace Arch Hospital Foundation Healthy Community Grant Program. Prior to completing a Letter of Intent (LOI), please confirm your eligibility by completing our Eligibility Checklist and reviewing the Grant Guidelines. Upon submission, LOI will be reviewed using a standardized scoring guide; eligible proposals will be notified and invited to complete a full application to be reviewed by the Healthy Community Grants Committee for funding. For further information or assistance please email amycross@pahfoundation.ca.

SUBMISSION DEADLINE

January 10, 2025 4:30PM (all applications submitted after this date will be reviewed in the August 2025 intake period)

PREPARATION

This document is intended to assist you in preparing your responses for the online application. Please note there are character limits for your answers, so ensure your responses are concise. It is important to include both qualitative and quantitative information to highlight the impact of your initiative.

Please be prepared to answer the following questions in your online application.

ORGANIZATION INFORMATION

- Name
- Mailing Address
- Date Established
- Email Address

- Phone Number
- Website
- The status of your organization?
 - Registered Charity
 - Registered not-for-profit society
 - Non-registered not-for-profit society
 - For profit organization
- If applicable, please provide your registration number.
- Brief description of your organization's mandate, mission, and vision.

APPLICANT INFORMATION

Name

Relationship to Organization

Email Address

Phone Number

GRANT INFORMATION

- Which grant are you applying for?
 - Neighbourhood Grant \$500-\$10,000 (*please complete a Neighbourhood Grant application*)
 - Community Grant \$10,000 - \$100,000
- Total requested Amount of funding for your project (for all years)
- The term of your project.
 - 1, 2, or 3 year(s)

PROJECT SPECIFIC DETAILS

- What is the name of your proposed project.
- Brief description of your proposed project.
- Description of the community need this project will address.