

**THE ANGLICAN FOUNDATION OF CANADA  
THE CATHOLIC APOSTOLIC UNIVERSAL CHURCH TRUST FUND**

**APPLICATION FOR GRANTS IN SUPPORT OF ANGLICAN PROGRAMS TO  
BENEFIT ABORIGINAL PEOPLES WITHIN CANADA**

To be completed by the  
applicant and returned to:

The Anglican Foundation of Canada  
80 Hayden Street, Toronto, ON M4Y 3G2  
Phone: 416-924-9199, ext 253 or 322

Program Title: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Program to Begin: \_\_\_\_\_

Contact Person Info: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**ABORIGINAL COMMUNITY OR ORGANIZATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail, if available: \_\_\_\_\_

Charitable Registration Number/B.N.: \_\_\_\_\_

Name of Church or Organization (Diocese or Parish)  
\_\_\_\_\_

Diocese(s) involved in Program: \_\_\_\_\_  
(Not required if Program is National)

Total Estimated Cost of Program: \_\_\_\_\_

Amount Being Requested in this Application:     \$ \_\_\_\_\_

Funding from other sources:                         \$ \_\_\_\_\_

N.B. Please attach separate sheet(s) describing:

- a) Briefly, the proposed program and how Aboriginal people will be involved in its development, planning and implementation.
- b) How the program will benefit Aboriginal peoples within Canada, and how the proposed program will achieve these benefits.
- c) The financial details of the project, including a complete project budget, and breakdowns of the total cost of the project and of the funding from other sources, as noted above.

(please turn over)

- d) Any other support, besides financial, such as contributed labour, etc. If individuals are paying part of their own expenses, and this is not included in the total cost above, please include an estimate of these costs here.

**CERTIFICATION:**

I (We) certify that the information given in this application is true, and that the program described herein will be carried through to the best of our ability if the funding is made available.

Signed on behalf of: \_\_\_\_\_  
(Name of Aboriginal Community/Organization)

\_\_\_\_\_  
(Authorized Signing Officer)

\_\_\_\_\_  
(Authorized Signing Officer)

**NATIONAL COORDINATOR OF NATIVE MINISTRIES RECOMMENDATION:  
(if applicable only)**

I believe this program will benefit the Aboriginal people in this area that I am familiar with, and recommend it be endorsed by the Bishop or General Secretary.

Signed: \_\_\_\_\_  
(Please print and sign)

Title: \_\_\_\_\_

**ENDORSEMENT: BISHOP OR GENERAL SECRETARY:  
(Must be completed)**

I am satisfied that the program described herein will be of benefit to aboriginal people and is worthy of support by the Anglican Foundation of Canada.

Signed: \_\_\_\_\_  
(Please print and sign)

Title: \_\_\_\_\_  
(Diocese)

**NOTE:** One (1) copy of the application must be submitted to:

**The Anglican Foundation of Canada  
80 Hayden Street  
Toronto, ON M4Y 3G2**