

APPLICATION FOR DONATIONS & FUNDING



APPLICATION REQUEST

- ☐ Product Donation
- ☐ Microfunding up to \$1,500
- ☐ Program Funding over \$1,500

ABOUT YOUR ORGANISATION

Name of Organisation

Postal Address

Street Address Island

Telephone Cell

Email Website

When was the organisation established in The Bahamas YYYY

Non-Profit Registration Number (if applicable)

PROGRAM EXECUTIVE

Who is responsible for development and oversight of this project?

Name Email

Phone Cell

Organisational Role

(Director, Controller, Consultant, etc.)

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BOARD OF DIRECTORS

Not required for Product or Micro Funding Requests

PRESIDENT

Name Email
Phone Cell
Term Expires DD/MM/YYYY

VICE PRESIDENT

Name Email
Phone Cell
Term Expires DD/MM/YYYY

SECRETARY

Name Email
Phone Cell
Term Expires DD/MM/YYYY

TREASURER

Name Email
Phone Cell
Term Expires DD/MM/YYYY

DIRECTOR

Name Email
Phone Cell
Term Expires DD/MM/YYYY

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BOARD OF DIRECTORS

Not required for Product or Micro Funding Requests

DIRECTOR

Name Email
Phone Cell
Term Expires DD/MM/YYYY

DIRECTOR

Name Email
Phone Cell
Term Expires DD/MM/YYYY

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Name Email
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Name Email
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DIRECTOR

Name Email
Phone Cell
Term Expires DD/MM/YYYY

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PROGRAM STAFF

Not required for Product or Micro Funding Requests

Provide details and attach a resume for each staff member who will deliver program activities.

Use a separate page if necessary.

Name

DOB DD/MM/YYYY NIB 9 CHARACTERS

Education

- ☐ High School
- ☐ Trade Certified
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's or Doctoral degree

Experience

- ☐ Less than 1 year
- ☐ 1 - 5 years
- ☐ 6 - 10 years
- ☐ 10 years or more

Status

- ☐ Paid
- ☐ Volunteer

Valid Police Record

- ☐ Yes
- ☐ No

ABOUT YOUR PURPOSE

Not required for Product or Micro Funding Requests

Mission Statement

Describe the activities and objectives of your organisation or program (150 words)

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ABOUT YOUR PURPOSE

Not required for Product or Micro Funding Requests

Vision Statement

What is the long term goal of your organisation or program? (150 words)

CHILDREN SERVED BY YOUR PROGRAM

Details

Describe the needs, numbers, and impacts of the specific project for which you need funding.

Curious about how your program aligns with our holistic child development model? Find programming examples [here](#).

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CHILDREN SERVED BY YOUR PROGRAM

Name of Project or Program

Which areas of whole child development does this project address?

- ☐ Academic Development
- ☐ Cognitive Development
- ☐ Emotional-Social Development, including Identity
- ☐ Physical Health, including Ecology
- ☐ Mental Health
- ☐ Spiritual & Moral Development

Which developmental stages does this project serve?

- ☐ Prenatal & Babies (Up to 24 months)
- ☐ Preschool (2 to 5 years)
- ☐ Elementary (Grades 1 to 6)
- ☐ Junior High (Grades 7 - 9)
- ☐ High School (Grades 10-12)
- ☐ Other (Developmentally or socially delayed youth)

PROJECT TERM

How long does this specific program run?

Starts

DD/MM/YYYY

Concludes

DD/MM/YYYY

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PROGRAM ACTIVITIES

Please provide the following details regarding your program: Names of workshops, classes, camps, or projects. For each activity, please answer each question, using a separate page, if necessary.

- Neighbourhood, settlement and island/s served by the project
- Number and age range of children served by the project
- How will children be recruited for the program?
- What problem or need does the activity address?
- How will the activities address these needs?
- How will you measure results?

Please provide details here.

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PRODUCT DONATION & FUNDING REQUEST DETAILS

Please indicate quantity, size and type of product requested and why it is required

Please provide details here.

FUNDING REQUEST

Amount for which you are seeking support \$

Date by which you need to receive funds DD/MM/YYYY

For Direct Deposit Payments

For Check Payments

Bank

Payee Name

Branch

Phone

Account Name

Cell

Account Number

Email

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BUDGET FOR FUNDING IN EXCESS OF \$1,500

Attach a program budget indicating how the funds for which you have applied will be allocated (including overheads, operating expenses, child education & scholarships, communications, training and capacity building, transportation, etc.)

TERMS & CONDITIONS

Access to funding through The Charity of Hope (hereafter “the COH”) is preconditioned upon the Applicant’s agreement to comply with the general Terms and Conditions governing funding obtained through the COH and the specific requirements outlined below.

The COH reserves the right not to approve any application to it for funding and to decide the amount of its funding for any project in its sole and absolute discretion.

To signify, acknowledge and confirm your acceptance of the COH general Terms and Conditions and the specific requirements provided below, please initial the box corresponding with the terms and conditions or specific requirement agreed to by you.

The individual(s) signing this application form warrant/s and confirm that he/she is/are duly authorised to sign this application form on behalf of the Applicant and do so for and on behalf of the Applicant.

☐ I/We have seen and read the COH General Terms and Conditions and agree to them.

☐ I/We agree to provide a periodic report at such period specified in writing to me/us by the COH in a formal acceptance letter, to enable the COH to track the program metrics (including the goals/objectives of the Applicant’s program, the progress in attaining those goals/objectives, participation/attendance records, baseline and post-activity reports).

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TERMS & CONDITIONS

- ☐ I/We agree to provide a comprehensive report (the final report) of the program including such data, information, statistics, figures, photographs, diagrams or otherwise to enable the COH to measure and assess the success of the program within such period specified by the COH in a formal acceptance letter to the Applicant.
- ☐ I/We understand and accept that the COH will disburse 80% of funds it has elected to provide to operate the Applicant's program within the period specified by it in the said formal acceptance letter, and the remaining 20% upon the program's completion and submission of the final report.
- ☐ I/We agree to apply the funds provided by the COH exclusively towards the operation of the Applicant's project or otherwise as set out in the COH formal acceptance letter to the Applicant.
- ☐ I/We agree and consent to the use and publication of all and any materials, information or documents used in the course of the operation of the program or provided to the COH by the Applicant, by the COH, Furniture Plus Limited, their agents or assigns and release them from any liability relating to their use.
- ☐ I/We agree to participate in any interviews, meetings, case studies (or to cause such person(s) participating in the program to do so) for any purpose connected to the promotion, assessment or development of the program; or alternatively, for any purpose that the COH may deem reasonably necessary

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TERMS & CONDITIONS

Please mark the appropriate box corresponding with the question below:

Has any director, officer or other executive member of the Applicant:

Been convicted of a criminal offence in or outside of The Bahamas? ☐ Yes ☐ No

Is an undischarged bankrupt? ☐ Yes ☐ No

Have/had a Judgment obtained against him/her in a superior court?

☐ Yes ☐ No

Been declared mentally incapacitated? ☐ Yes ☐ No

I/We as Authorised Signatory/Signatories of _____, the Applicant,
confirm that the information provided by me/us is true and correct .

Authorised Signature

Date DD/MM/YYYY

Print Name

Organisational Role

Authorised Signature

Date DD/MM/YYYY

Print Name

Organisational Role

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SUBMITTING YOUR DOCUMENTS & APPLICATION

Submit donation and funding applications and support documents to
cohf@furnitureplus.com.

You will receive an email acknowledgement of your application.

Please add this address to your "Safe Senders" list to receive queries and communications from The Charity of Hope Foundation.