

Dear Applicant:

Thank you for your interest in FRESHSLICE CARES (FC).

Organizations requesting funds from FC are asked to complete the application below. We also ask you to include a one-page cover letter on your organization's stationary signed by an organization official.

The letter should include a brief overview of the project for which you are requesting funds.

Call and make an appointment to meet the owner of your closest Freshslice to have him review and endorse your application where noted.

All applications should be delivered to or e mailed to:

- Freshslice Cares 1610 Ingleton Ave., Burnaby, B.C. V5C 5R9
- or
- <u>freshslicecares@freshslice.com</u>

Again, thank you for your interest in Freshslice Cares. We look forward to hearing from you.

Best wishes,

Ray Russell, Director Freshslice Cares



## **QUALIFYING GUIDELINES**

To qualify for funding, projects must contribute to facilitating and promoting sport to "Help Kids Be Kids".

Grants are awarded to those non-profit or sports organizations that focus on and clearly demonstrate that they offer meaningful services to children in the area of sport.

Requests for funding should be submitted to your closest Freshslice restaurant by any organized group or individual under the above criteria.

Each project submitted will be evaluated by the local Freshslice owner with the final review and funding decision to be made by the Directors of the Freshslice Cares Association. Grant applicants will receive an answer within 10 business days. While every proposal received will be reviewed, priority will be given to programs that fulfill the above mentioned Freshlice Cares (FC) focus.

Additionally, since the primary goal of FC is to fund programs that can show measurable success, the Board of Directors will give priority to direct service projects; for example, we do not fund overhead.

FC receives it's funding from: individual donors who drop change in a Freshslice Cares in-store canister, fund-raisers, community donors, corporate partnerships and through the generosity of Freshlice owners who are committed to the communities they serve, and Freshslice global headquarters.

Contributions can be made directly to: Freshslice Cares Association and should be mailed to the following address: 1610 Ingleton Avenue, Burnaby, B.C. V5C 5R9



## FRESHSLICE CARES APPLICATION

Date: _		
Name	of Organization:	
Addres	ss:	
City:	Province:Postal Code:	
Teleph	hone:	
E-Mail	il Address:	
Contac	ct:	
Amou	unt Requested:	
When	n are the funds needed?	
How d	did you learn about Freshslice Cares?	
0	Radio	
0		
0		
0		
0		
0	other	
Have y	you received an FC grant in the past?	
lf so, p	please state the date and amount awarded:	

Please answer the following questions.

I. History: Please provide us with a brief history of your organization, including the overall goals and purposes of your organization.

## II. Target Population

Please summarize the number of children in measurable terms, your project will benefit.

III. Summary

Please describe the or need that this project will address. Provide concise information on the program or project and how it will work, the specific purpose of the use of the funds and how your objectives will be accomplished.

IV. Project Budget		
Please provide an itemized	d project budget (must total the amount reque	ested).
Name	Signature	Date
Proposals for funding that submitted to:	have had a Freshslice representative reviewed	d and endorsed should be
• Freshslice Cares 16 or	510 Ingleton Ave., Burnaby, B.C. V5C 5R9	
• freshslicecares@fr	reshslice.com	
	e working with a local Freshlice or global heado	
Address:		
City/Province		
Telephone:		ur project.
Telephone: Freshslice franchisee repre		ur project. Date
Telephone:	esentative who has reviewed and endorsed yo	