



Bell True Patriot Love Fund
Grant Application



Funding Application – Bell True Patriot Love Fund

True Patriot Love (TPL) is a Canadian charity that honours the sacrifices of members of the Canadian Armed Forces, Veterans and their families in both times of peace and conflict. TPL accomplishes its mission by funding unique programs and innovative research in the areas of mental health, physical rehabilitation, family support and veteran transition.

As part of its Let's Talk campaign, **Bell Canada has partnered with TPL** to create the **Bell True Patriot Love Fund** in support of, and to improve, the mental health and well-being of Canadian Forces families affected by mental health issues as a result of the stressors unique to military life.

In 2015, the call for applications for the Bell TPL fund will be held from **June 22nd to August 21st**, and will be open exclusively to programs and organizations that are geared towards increasing access to mental health support for soldiers, veterans, and military families. *If you are unsure whether your program qualifies, contact us through the email listed below.*

Please complete and scan the application, along with your most recent financial statements and annual report, to funding@truepatriotlove.com, with the subject line: "*Bell True Patriot Love Fund Application*".

Note: If a deadline falls on a statutory holiday or weekend, please note that the proposals will be due by 5pm on the last business day preceding it.

A. GENERAL INFORMATION

Name of organization	
Registered charity number	
Contact name and title	
Phone number	
Email	
Mailing address	
Organization website (if available)	
Organization mission and purpose	
Name and brief description of proposed project	Name: Description:
Area of focus	<input type="checkbox"/> Family health and support <input type="checkbox"/> Mental health and well-being <input type="checkbox"/> Physical health and rehabilitation
Amount requested from TPL	
Expected number of participants / beneficiaries	
Please list your current board members and their functions.	

B. PROJECT INFORMATION**Fit**

Please describe the specific need(s) you have identified and wish to address through this project. Explain how your project fills a void in the current resources available for veterans and military families, and how your proposal relates to TPL's core funding areas (mental health and wellness, family health and support, physical health and rehabilitation).

Impact

Who will benefit from this project? Please provide a description of your intended beneficiaries, both qualitative (who) and quantitative (how many). Include direct and indirect impact.

Reach

What is the project's target geographic area?

How will participants / beneficiaries be selected?

How will you promote this project to your intended beneficiaries, and later communicate with or physically reach them?

Expected Outcomes

What are the goals / expected outcomes of this initiative?

How will you measure its success?

How do you plan on collecting feedback from participants/beneficiaries (i.e. surveys, comparative questionnaires, etc.)?

Do you have the resources to complete an annual report on your activities and spending of TPL's funds?

Originality

Is this a new initiative? If so, how does this project complement existing programming? If not, please describe the results of previous years, as well as any changes you plan on bringing to it.

Sustainability

Explain why your organization is the best suited to develop, run and complete this program.

Describe the resources on which you will draw, including human resources (paid staff, volunteers).

How do you plan to keep the project active beyond the time period covered by TPL's funding?

Please list any other formal partnerships you have established for this project.

Timeline

Project start date: _____ Project end date: _____

Please provide an estimated timeline for your project, highlighting major steps / important dates.

If this project cannot be implemented immediately, please explain why.

C. BUDGET

Please provide an estimated overall budget for your program, by expense category.

Expense	Overall Cost	Amount Covered by TPL Funds
Operating costs		
Travel		
Activities		
Accommodations		
Supplies		
Promotion		
TOTAL		

**Please note that expense categories can be changed and/or added to fit your project.*

List the other sources of funding for which you have applied, as well as their current status (secured, pending or rejected).

Source	Amount Requested	Status
_____	_____	_____
_____	_____	_____



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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will beneficiaries be required to pay a fee to take part in this project?

If you plan on providing financial support to veterans / members of military families through the funds provided by TPL, please explain your disbursement criteria.

D. ADDITIONAL INFORMATION

Have you previously received funding from TPL, and:

If so, how did you communicate the news and/or profile TPL throughout your networks?

How would you do it this time?

If not, how do you plan on communicating news of this grant to your networks, should you be granted the funding?



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Please provide any further information or explanation about your project that you would like to have considered by the selection committee.
