

Letter of Intent: Bereavement Fund

Note: This form **must** be completed and accepted by the Foundation prior to submitting a formal grant application. Please submit the form to: foundation@givingthatgrows.com by **March 11, 2024.**

| Name of Organization: |  |
| --- | --- |
| Charitable Business Number: |  |
| Organization's mission or purpose (50 words max) |  |
| Issue or community priority the project will address(50 words max) |  |
| Concise description of the activities to be undertaken (100 words max) |  |
| Start and completion dates |  |
| Budget expenditure and revenues for the project |  |
| Amount of money requested and where it will be spent (up to $5,000 for general causes and up to $1,500 in support of bereavement) |  |

[www.givingthatgrows.com](http://www.givingthatgrows.com/) | Phone: 613-635-2256 | foundation@givingthatgrows.com