

Application:

Thank you for applying for the Surerus Murphy Legacy Giving fund. Please complete this application in full. If you have any questions while completing this application, please email smjv.communitygiving@surerus-murphy.com.

All applications will be carefully reviewed. Funding decisions will be made on or before December 1.

- Applications are open July 1 to September 30. Please have your application submitted before end-of-day on September 30.

Applicant Information: (Person completing this form on behalf of the applying organization)

Name:

Cell:

Email:

Your role at the organization this application is for:

Organization Information:

Organization Name (legal):			
Registered Charitable Number (if applicable):			
Headquartered Address:	STREET		
	CITY	PROVINCE	POSTALCODE
Mailing Address:	STREET		
	CITY	PROVINCE	POSTAL CODE
Website:			

How many people work in your organization?

☐ 1 - 10 ☐ 10 - 50 ☐ 50 - 150 ☐ 150 - 500 ☐ 500+

Explain your organization's mission/objective?

What communities/target audience does your organization support?

How did you hear about the Surerus Murphy Joint Venture Legacy Giving Fund?

Our Website: ☐ Yes or ☐ No

Our LinkedIn Page: ☐ Yes or ☐ No

Other Social Media (name source): ☐ Yes or ☐ No

Via a Surerus Murphy Employee: ☐ Yes or ☐ No

Other:

Funding Opportunity:

1. Type of funding opportunity:

☐ Capital initiative:

☐ Ongoing project/program work:

☐ Research:

☐ Event:

2. How much funding do you require?

3. In which community (city, province) will the funds be allocated?

4. Please explain the giving pillar your organization supports (doesn't need to support all, just one at minimum):

☐ Health & Wellness

☐ Education

☐ Sustainability

☐ Community

☐ Other, explain:

5. What is your organizations mission statement? If you don't have one, please explain what services your organization provides.

6. What other sources of funding for this initiative have you received?

Source 1 _____ Dollars Received: _____

Source 2 _____ Dollars Received: _____

Source 3 _____ Dollars Received: _____

Source 4 _____ Dollars Received: _____

Source 5 _____ Dollars Received: _____

Paint Us a Picture – Explain the Need:

1. If we support your organization, how will you use our funds?
2. Why is this opportunity important to your organization? (In other words, how does this opportunity support your organization's mandate?)
3. What is the lasting positive impact this opportunity could have on a community/audience?
4. How will our funding contribute to the sustainability of the program/initiative we are supporting?
5. How many people could be supported/benefited by the program/cause we support? (For example, how many people access a program, use a facility, benefit from research, etc.)
6. Explain how will this cause/initiative changes the lives/improves quality of life of the people you are trying to reach for the better?
7. How will you measure the success of this project/capital/research opportunity?
8. Please provide any further details you feel are important for us to know when considering your application.

Recognition & Reporting:

1. How will you recognize Surerus Murphy Joint Venture:

☐ Logo placement

☐ Naming opportunity

☐ Social media posts

☐ Other:

2. We require an impact report within one year of receiving a legacy gift. Will you be able to provide this?

☐ Yes or ☐ No

Formal Acknowledgement:

1. ☐ Acknowledgement that your organization's executive leader is supportive of your application for funding.
2. ☐ Acknowledgement that your organization will invest the funds received within eight months of receiving them.
3. ☐ Acknowledgement that your organization will provide an impact statement within one year of receiving the funds.

Name in Print:

Position/Title:

Date:

Email:

If your organization has formal accreditation, please attach documentation of it to this submission.

Please email submissions to: smjv.communitygiving@surerus-murphy.com.

Thank you.