



Help  
Kids Be Kids

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
- [freshslice cares@freshslice.com](mailto:freshslice cares@freshslice.com)

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

Best wishes,

Ray Russell, Director Freshslice Cares



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### 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 Freshslice 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 its 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 Freshslice 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



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**FRESHSLICE CARES APPLICATION**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

When are the funds needed? \_\_\_\_\_

How did you learn about Freshslice Cares?

- Radio
- TV
- Social Media (Twitter, Facebook, Instagram, etc.)
- Online
- In restaurant materials
- other

Have you received an FC grant in the past? \_\_\_\_\_

If so, 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.

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**II. Target Population**

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

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### 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.

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### IV. Project Budget

Please provide an itemized project budget (must total the amount requested).

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\_\_\_\_\_  
Name Signature Date

Proposals for funding that have had a Freshslice representative reviewed and endorsed should be submitted to:

- Freshslice Cares 1610 Ingleton Ave., Burnaby, B.C. V5C 5R9
- or
- [freshslicecares@freshslice.com](mailto:freshslicecares@freshslice.com)

Freshslice representative you are working with for this grant. (Your proposal will receive the same consideration whether are working with a local Freshlice or global headquarters.)

Freshslice Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province \_\_\_\_\_

Telephone: \_\_\_\_\_

Freshslice franchisee representative who has reviewed and endorsed your project.

\_\_\_\_\_  
Name Signature Date

HEAD OFFICE Representative

\_\_\_\_\_  
Name Signature Date