

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:
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.
U. To and Donald State of
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 itemize	d project budget (must total the amount requ	ested).	
Name	Signature	Date	
Proposals for funding that submitted to:	t have had a Freshslice representative reviewe	ed and endorsed should be	
Freshslice Cares 1orfreshslicecares@f	610 Ingleton Ave., Burnaby, B.C. V5C 5R9		
	you are working with for this grant. (Your pro e working with a local Freshlice or global head		
Freshslice Contact:			
Address:			
City/Province			
Telephone:			
Freshslice franchisee repr	esentative who has reviewed and endorsed yo	our project.	
Name	Signature	Date	
HEAD OFFICE Representa	tive		
Name	Signature	Date	