

# **Granting requests for donations**

The Castlegar & District Hospital Auxiliary is bound by our constitution and bylaws.

## **CONSTITUTION**

1. The name of the society is "**Castlegar & District Hospital Auxiliary Society**".
2. The purposes of the society are:
  - a) To provide equipment, training, support, facilities, services and other assistance to health care delivery in Castlegar, British Columbia, and surrounding areas, and particularly to assist, enhance and promote the comfort and welfare of patients using the facilities and services provided at Castlegar & District Community Health Centre and Talarico Place.
  - 2) To receive grants, bequests, donations of money or goods, and to manage, organize, and operate fund-raising activities in order to raise funds for these purposes;
  - 3) to promote and foster good relations between the Castlegar Health services and the public.

The bylaws that govern the process for granting applications is

### **7.5 Review Donation Committee**

The Directors will appoint a Review Donation Committee. This committee will bring the Applications to the Directors for their approval.

The Board of Directors will set an amount annually to be set aside for donation requests.

**WHAT WE WILL NOT FUND:**

Ongoing operational expenses of established organizations or services.

Wages or salaries

Operating or capital deficits

Projects/Programs that do not have a demonstrated health benefit

Projects/Programs that do not benefit those of the City of Castlegar and surrounding areas.

Conference or travel expenses

**Applications received:**

Will be in writing and meet the criteria set out in our constitution

Will set out the specific amount required

Will be considered in a timely manner.

All applicants will be notified by the president or delegate if the application is granted or not granted.

Once your request has been granted, we will arrange for delivery of a cheque.

If your request is for equipment or supplies, you must provide proof that the equipment or supplies have been paid for. We will then reimburse you for that amount.

No single donation request can exceed \$10,000.

Applications are due by the 30<sup>th</sup> of September, and can be submitted by mail to the Castlegar & District Hospital Auxiliary Society, PO Box 3183, Castlegar, BC V1N 0B0

## APPLICATION FOR A DONATION

Agency/Organization: Registered Name

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Address

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Mailing address, if different from above

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Postal Code

Telephone number

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Name of person responsible for this application

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Email address

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Are you a registered Society in B.C.

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If yes, your Society number is

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Are you a registered Charity in B.C.

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If yes, your Charity number is

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Amount requested:

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Description of item or services

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Healthcare Value to the Community: (number served, projected results. Methods of evaluating success, impact)

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Rationale for your request: (funding shortfall, new program, expansion of current program)

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Healthcare value to the community: (numbers served, projected results. Methods of evaluating success, impact).

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You may be requested to include with your application

1. Prior year financial statements
2. List of Board of Directors
3. Copy of Certificate of  
Registration/Incorporation

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

Signed by \_\_\_\_\_

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Date Approved/Not Approved: \_\_\_\_\_

Castlegar & District Hospital Auxiliary Society Approving Officer

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(signature of approving officer)