



TABS FOR TOTS APPLICATION

Foundation File # _____

Foundation Regulations Appendix

A6 Tabs for Tots Information:

- 6.1 All applications must include authorization from the sponsoring Lodge to make the application. (i.e., copy of motion)
- 6.2 Any project more than \$5,000 will be determined to be a capital project and will not be considered by the Trustees.
- 6.3 Applications for items intended for care will only be accepted for consideration by Trustees. **Items intended for delivery rooms, nurseries, or pediatric wards.**
- 6.4 All applications over \$2,000 for consideration as a joint donation with the sponsoring Lodge and the Foundation, must be submitted to the Foundation Office no later than May 1st of each calendar year in order to be considered at the Annual General Meeting.
- 6.5 Applications \$2,000 or less will be accepted throughout the year.
- 6.6 Consideration of any application will be at the discretion of the Trustees.
- 6.7 First consideration will be given to those areas that have not received a contribution in the previous two (2) years.
- 6.8 Priority will be given to non-regional hospital and health unit applications.
- 6.9 Proper support information and additional materials to accompany the application is required to assist the Foundation Trustees in their consideration of each application.

PROCESSING TIME FOR APPLICATIONS

Once the application and **all required information is received** the Secretary will send the information to the Trustees for review at the next scheduled board meeting.

Once the application is approved or denied the Lodge will be notified by email and the cheque and letter will be mailed.

TABS FOR TOTS APPLICATION

| LODGE INFORMATION | |
|--|----|
| Lodge Name & Number: | |
| Mailing Address: | |
| Contact Name & Phone Number: | |
| Email: | |
| RECIPIENT INFORMATION | |
| Hospital Name: | |
| Contact Name: | |
| Contact Phone Number: | |
| Equipment being sponsored: | |
| Equipment Purpose and Description (attach literature if available): | |
| FINANCIAL REQUEST | |
| Cost of Equipment Required: | \$ |
| Contribution Amount Requested from Foundation: | \$ |
| Other Contributors if applicable: | |
| | |

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DECLARATION

Dated this _____ day of _____, 20____

Exalted Ruler/Honoured Royal Lady: _____

Print Name: _____

Secretary or Secretary/Treasurer: _____

Print Name: _____