



TPL Funding Application Form

A. GENERAL INFORMATION

DATE:

Fund applying for:

Name of organization	
Registered charity number	
Contact name and title	
Phone number	
Email	
Mailing address	
Organization website (if available)	
Organization mission and purpose	
Name and brief description of proposed project	Name: Description:
Area of focus	<input type="checkbox"/> Family health and support <input type="checkbox"/> Mental health and well-being <input type="checkbox"/> Physical health and Veteran Transition

STRONGER MILITARY FAMILIES



Amount requested from TPL	
Expected number of participants / beneficiaries	
Please list your current board members and their functions.	

PROJECT INFORMATION

Fit

Please describe the specific need(s) you have identified and wish to address through this project. Explain how your project fills a void in the current resources available for veterans and military families.

Impact

Who will benefit from this project? Please provide a description of your intended beneficiaries, both qualitative (who) and quantitative (how many). Include direct and indirect impact.

Reach

What is the project's target geographic area?

How will participants / beneficiaries be selected?

STRONGER MILITARY FAMILIES



How will you promote this project to your intended beneficiaries, and later communicate with or physically reach them?

Expected Outcomes

What are the goals / expected outcomes of this initiative?

How will you measure its success?

How do you plan on collecting feedback from participants/beneficiaries (i.e. surveys, comparative questionnaires, etc.)?

Do you have the resources to complete an annual report on your activities and spending of TPL's funds?

Originality

Is this a new initiative? If so, how does this project complement existing programming? If not, please describe the results of previous years, as well as any changes you plan on bringing to it.

STRONGER MILITARY FAMILIES



Sustainability

Explain why your organization is the best suited to develop, run and complete this program. Describe the resources on which you will draw, including human resources (paid staff, volunteers).

How do you plan to keep the project active beyond the time period covered by TPL's funding?

Please list any other formal partnerships you have established for this project.

Timeline

Project start date: _____ Project end date: _____

Please provide an estimated timeline for your project, highlighting major steps / important dates.

If this project cannot be implemented immediately, please explain why.

STRONGER MILITARY FAMILIES



A. BUDGET

Please provide an estimated overall budget for your program, by expense category.

Expense	Description	Overall Cost	Amount Covered by TPL Funds
Operating costs			
Travel			
Activities			
Accommodations			
Supplies			
Promotion			
TOTAL			

**Please note that expense categories can be changed and/or added to fit your project.*

List the other sources of funding for which you have applied, as well as their current status (secured, pending or rejected).

Source	Amount Requested	Status
1.		
2.		
3.		
4.		
5.		
6.		

Will beneficiaries be required to pay a fee to take part in this project?

If you plan on providing financial support to veterans / members of military families through the funds provided by TPL, please explain your disbursement criteria.

STRONGER MILITARY FAMILIES



B. ADDITIONAL INFORMATION

Have you previously received funding from TPL, and:

If so, how did you communicate the news and/or profile TPL throughout your networks?
How would you do it this time?

If not, how do you plan on communicating news of this grant to your networks, should you be granted the funding?

Please provide any further information or explanation about your project that you would like to have considered by the selection committee.

Please submit all applications to funding@truepatriotlove.com

STRONGER MILITARY FAMILIES