

The Harry E. Foster Charitable Foundation

P O Box 20029
Newcastle, Ontario L1B 1M3
www.harryefosterfoundation.org
Telephone: 416-927-9077

The Harry E. Foster Charitable Foundation was established in Ontario in 1954 by the late Harry "Red" Foster and other private funding sources.

Areas of Interest:

To continue the interests of the founder, primary emphasis is on programs and projects for people with intellectual disabilities. Other areas of interest include Alzheimers' disease and community organizations assisting the disadvantaged.

Grant Information:

Grants are largely made to charitable organizations in Ontario whose programs or projects fall within The Foster Foundation's areas of interest. Grants are not normally made for operating funds, personnel or to individuals.

Application Procedure:

Proposals should include a concise but fully detailed outline and budget for the project or program for which funds are being requested, as well as some information regarding other fundraising initiatives. Please include a list of your current Board Members and most recent audited financial statement. Four to five minute dvd of program activity are also welcomed. Deadlines for semi-annual review of submissions are April 15th and October 1st.

Please complete the attached application and include with your submission.

Grants range from approximately \$2,000 to \$30,000, many on a matching grant basis.

Assets: 16 Million

Officers:

James P. Thomson	– President
Robert W. Torrens, Q.C.	– Vice President
Blake M. Murphy	– Secretary/Treasurer

Send correspondence to:

Carol Davis-Kerr	– Administrator
------------------	-----------------

Please note: We are a small foundation and do not provide an annual report or brochures.

The Harry E. Foster Charitable Foundation

Name of Organization:

Street Address:

Suite #

City:

Province:

Postal Code:

Telephone # ()

Fax # ()

Email

Charitable Registration #

Name of Contact:

Title:

Year established:

Foster Foundation funding received most recently:

\$

in

(year)

Amount of funding requested

\$

Total budgeted cost of program/project for which funds are requested

\$

Description of program/project to be funded:

Program to be funded will directly benefit participants as follows:

Participants with an intellectual disability registered in programs this year *(if applicable)*

Participants with an intellectual disability represent % of total registrants *(if applicable)*

Receive government funding Yes No and / or other private funding Yes No

Other types of fundraising undertaken

Is this organization part of a larger charitable / non-profit organization?

Yes

No

If yes, name of parent organization?

Other Programs / Services offered:

Recognition Opportunities:

Please forward a copy of your most recent audited financial statement and list of your Board of Directors with this application.

You may also send a 4 – 5 minute Dvd of your programs and/or other supporting documentation i.e. brochures, covering letter, more developed proposals.

Other comments:

Enclosures with this application are as follows:

Name of applicant

Title

Signature

Date
