

Received DC Office April 9, 2020

April 10, 2020

Fort St John Hospital Foundation
8407 – 112 Avenue
PO Box 15
Fort St John, BC
V1J 0J5

Peace River Regional District
1981 Alaska Highway
Dawson Creek, BC
V1G 1P7

Request for Letter of Support to NDIT for a Community Foundation Grant Application

The Fort St John Hospital Foundation Society requests that the Peace River Regional District adds our request to the next available agenda for PRRD consideration and support of our application to the Northern Development Initiatives Trust and approval of the following motion.

“THAT, the Peace River Regional District supports the application from Electoral Areas B and C to Northern Development Initiative Trust from the Fort St John Hospital Foundation for a grant of up to \$100,000 for the “Fort St John Hospital Foundation Fund” from the Northeast Development Account.”

A final draft of our NDIT application is coming under separate cover.

Thank you in advance for your assistance in this matter.

Respectfully

Chris Maundrell
Chair, Fort St John Hospital Foundation

cc: NDIT Community Foundation Fund Application
Adlard Environmental (PRRD Grant Writer)

Adobe Reader 8.0+ is required to complete this application form.

If you are using an earlier version, you will not be able to save any information you enter into the form.

Adobe Reader is a free download available at: <http://www.adobe.com/products/acrobat/readstep2.html>

✦ **Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.**

1. Community Foundation

Please identify the community foundation that will receive the requested matching grant:

Fort St John Hospital Foundation (FSJHF)

2. Applicant Profile

Local government name:

Peace River Regional District, Electoral Area C

Mailing address:

PO Box 810 (1981 Alaska Avenue)
Dawson Creek, BC V1G 3V7

Telephone:

250.219.0252

Email:

prrd.dc@prrd.bc.ca

Website (URL):

<https://prrd.bc.ca/>**3. Primary Contact Information**

Primary contact (for this application):

Niki Hedges

Position/title:

Executive Director

Complete the following if different from applicant organization contact information:

Mailing address:

8407 112 Ave
Fort St John, BC V1J 0J5

Email:

fsjhf@northernhealth.ca

Telephone:

250.261.7563

4. Resolution of Support

Identify the municipality or regional district that is providing a resolution of support for this funding application:

PRRD

If the application is supported by a regional district, please identify the electoral area:

Electoral Area C

The resolution of support is:



Attached.



Not yet secured. The scheduled council meeting date is:

★ Applicants are responsible for securing a resolution outlining support for the Northern Development funding request from a municipality or regional district. The applicant must provide a copy of the resolution of support to Northern Development before an application can be considered for funding.

★ **Sample Resolution:** THAT, the (insert local government name) supports the application to Northern Development Initiative Trust from the (insert applicant organization name) for a grant of up to \$(insert amount) for the (insert project name and electoral area if applicable) from the (insert regional development account name).

5. Community Foundation Overview

Provide a concise description of the fundraising and how the additional funds will support community development:

The Fort St. John Hospital Foundation is supported by a growing Endowment Fund through generous donations from our donor partners, fundraising and new Endowment Donations. The purpose of the Endowment is to build a capital base that will finance the purchase of equipment and operation from the return on investment. A strong well capitalized and managed Endowment is the cornerstone of a successful Foundation. The Endowment is designed to promptly respond to the greatest equipment needs throughout the Fort St. John Hospital and Peace Villa. The NDIT Community Foundation Matching Grant will be used to further capitalize our existing Endowment. Recently, the Fort St John Hospital Foundation was the recipient of a \$150,000 donation to the Endowment. These monies are being used in conjunction with this application to further capitalize our Endowment, to better service our community. These monies will be placed into the permanent restricted Endowment. Revenue generated by the Endowment's principal is used towards purchase of necessary equipment and operation for the Foundation. This may be new technology-equipment that enhances hospital efficiency and helps to better respond to the needs of patients in the community.

Provide an overview of the community foundation that will receive the requested grant:

Current total fund value of the foundation:	\$ 3,072,370
Number of projects funded (most recent year):	15
Total dollars invested in projects (most recent year):	\$ 460,810
Is this foundation administered by a larger community foundation organization?	<input type="radio"/> Yes <input checked="" type="radio"/> No Organization name:

6. Funding Request

The following funding is requested from Northern Development:

Funding type:	Amount (\$):	
Matching grant	\$ 50,000	★ Maximum allowable grant is \$50,000 per community or regional district electoral area. To support local fundraising, the program can be accessed multiple times until \$50,000 has been granted in total.

7. Other Funding Sources

Funding source:	Amount (\$):	Funding terms:	Identify funding confirmation:
FSJHF	\$ 50,000.00	<input checked="" type="checkbox"/> Grant or financial contribution	<input checked="" type="radio"/> Approval letter attached <input type="radio"/> Proof of payment/deposit attached
	\$	<input type="checkbox"/> Grant or financial contribution	<input type="radio"/> Approval letter attached <input type="radio"/> Proof of payment/deposit attached
	\$	<input type="checkbox"/> Grant or financial contribution	<input type="radio"/> Approval letter attached <input type="radio"/> Proof of payment/deposit attached
	\$	<input type="checkbox"/> Grant or financial contribution	<input type="radio"/> Approval letter attached <input type="radio"/> Proof of payment/deposit attached
	\$	<input type="checkbox"/> Grant or financial contribution	<input type="radio"/> Approval letter attached <input type="radio"/> Proof of payment/deposit attached
TOTAL OTHER FUNDING: \$ 50,000.00		TOTAL FUNDING: \$ 100,000.00 (Northern Development + Other Sources)	

★ Northern Development must receive copies of approval letter(s) and/or proof of payment/deposit for all other funding sources. Please attach all approval letter(s) and/or proof of payment/deposit received to date with this application. If there are more than five other funding sources, attach a complete list separately.

8. Leveraging

Northern Development's funding leverage for this phase of community foundation fundraising:	
The funding request as a percentage of the total funding is:	50.00 %
★ Leverage % = (Northern Development funding request) ÷ (Total funding)	
★ Northern Development provides funding under this program up to a maximum of 50% of a project budget.	

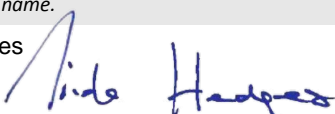
9. Attachments

List all documents attached to this application:

Document Name:
<input checked="" type="checkbox"/> 1) Required: Local government resolution
<input checked="" type="checkbox"/> 2) Required: Funding confirmation: approval letter(s) and/or proof of payment/deposit
3) Narrative of Fort St John Hospital Foundation
4)
5)
6)

10. Authorization

- ☒ I have read and understand the [Community Foundation Matching Grants Application Guide](#).
- ☒ I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.
- ☒ I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development Initiative Trust (Northern Development).
- ☒ I also agree to submit reporting materials as required by Northern Development, and where required, financial accounting for evaluation of the activity funded by Northern Development.
- ☒ I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.
- ☒ I agree to publicly acknowledge funding and assistance by Northern Development.
- ☒ I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.
- ☒ I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, and consultants.

Name (organization signing authority): ★ Please type name.	Position/title:	Date:
Nicola Hedges 	Executive Director	April 14, 2020

11. Submitting Your Application

Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email. ★ Please do not scan this form (if possible).

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Mailing address:

PO Box 810 (1981 Alaska Avenue)
Dawson Creek, BC V1G 3V7

Telephone:

250.219.0252

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		April 14, 2020

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