

APPLICATION FORM

Please fill out the application form and send to HMEGivesBack@hmebc.com. Applications will be reviewed monthly and applicants will be contacted directly by our HME Gives Back team.



Submission Date: Day: Month: Year:

CONTACT INFORMATION

Applicant Name:

Contact Name:

Address:

City: Province: Postal Code:

Organization Name:
(if applicable)

Are you a registered charity organization?

Yes, Charity #

No

Email: Phone #:

FUNDING

Grant amount requested: (Max: \$1,500)

Date funding needed by: Day: Month: Year:

Why are you applying for the HME Gives Back Community Fund?

*By submitting this form, I agree to share the contents of the application to HME staff to review and keep on record.

If selected for the HME Gives Back Community Fund grant, will the organization or applicant above consent to potentially being featured in HME's newsletter and/or other social media campaigns? Yes No