**Medavie Foundation – Expression of Interest**

**Access to Healthy Food**

All organizations interested in applying for funding from Medavie Foundation must first complete this Expression of Interest form to demonstrate eligibility and fit with funding criteria.

Within the area of **Access to Healthy Food**, our goal is to increase access to healthy food with a focus on strengthening local community-based food systems through community/collective gardens, urban farms, community kitchens, and/or similar initiatives.

**1. Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization: | | | | |  | | | | | | | | | | |
| Street: | |  | | | | | | | | City: | |  | | | |
| Province: | | |  | Postal Code: | | |  | | Telephone: | | | |  | | |
| Contact Person’s Name: | | | | | |  | | | | | Title: | | |  | |
| Email: | |  | | | | | | | Organization Website: | | | | | | |  |

**2. About Your Organization**

What is your organization’s purpose/mission? (Maximum 75 words)

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| --- |
|  |

Is your organization a registered charity with Canada Revenue Agency or other qualified donee?

If yes, please provide your organization’s charitable registration number issued by CRA:       RR

If no, your organization is not a qualified donee, you must apply with an organization that is an eligible qualified donee and will be the intermediary for funding

|  |  |
| --- | --- |
| What is the name of the organization that would be the intermediary for funding? |  |

**3. About the Requested Funding**

1. Describe how the requested funding will be used to increase or improve access to healthy food. (Maximum 150 words)

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1. Describe below how the community who would benefit from the requested funding also participate in the planning, operation and/or leadership of the healthy food initiative and/or your organization. (Maximum 100 words)

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|  |

1. List below the resources, activities and other costs of the whole initiative that would be supported in part or in full through the requested funding.

|  |  |
| --- | --- |
| Resources (including staff), activities and other costs | Estimated Total Cost of Line Item  *(Total cost to your organization)* |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL ESTIMATED COST OF INTITIATIVE | $ |

*The specific amount of funding requested would be discussed if your organization is asked to provide a detailed proposal.*

1. How many individuals are expected to directly benefit from the resources and activities listed above?

|  |
| --- |
|  |

1. Provide the objectives and measures that will be used to track the effectiveness of the organization and/or initiative in terms of increasing access to healthy food (Maximum 150 words)

|  |  |
| --- | --- |
| **Objectives** | **Measures**  *(How will you know if objectives were achieved?)* |
|  |  |
|  |  |
|  |  |
|  |  |

1. Provide below any other information you’d like us to know about your organization, the community and/or how the requested funding would increase access to healthy food. (Maximum 100 words)

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| --- |
|  |

How did you hear about Medavie Foundation?

|  |  |
| --- | --- |
|  | Word of mouth |
|  | Social media/media |
|  | We are a past funding recipient |
|  | Other: |

**Thank you for completing this Expression of Interest.**

**Please email only the completed Expression of Interest form to** [**communitygiving@medavie.ca**](mailto:communitygiving@medavie.ca) **. Attachments other than the Expression of Interest will not be reviewed.**

**Foundation staff will review the information provided in the Expression and let you know within 4 - 5 weeks if there is a sufficient fit with the criteria to request a detailed application for funding.**