

Kindred Charitable Fund Application Form

Primary Contact First Name *

Primary Contact Last Name *

Email for Primary Contact *

Phone number for Primary Contact *

Preferred contact method

 

Name of Executive Director and email, if different from Primary contact

 

Name of your organization *

What year was the organization was founded or established? *

Organization Purpose or Mission statement *

 

Street address *

City / Town *

Province *

Postal code *

Are you a Kindred member? *

Yes

No

Which Kindred Branch are you closest to? *

Aylmer

Elmira

Kitchener

Leamington

Milverton

Mount Forest

New Hamburg

Waterloo

No preference / Don't know

Is your organization a registered charity or qualified donee (as defined by the CRA)? *

Is your organization governed by an active board? *

Does your organization receive an independent audit or financial review annually? *

What type (category) of charity is your organization? *

Organization Website URL

If your organization uses social media, please include all links.

Have you received funding from the Kindred Charitable Fund in previous years? *

Please Select 

Was this application prepared by a grant writer? *

Please Select 

Kindred Charitable Fund Application Details

Project Name *

Project Theme - please select the theme to which your project has the strongest alignment *

[Learn more about Kindred's social impact themes.](#)

Please Select 

How will your project address this theme, or how is it connected to it? *

Does your project serve an identified underbanked audience?

Kindred Credit Union is committed to supporting underbanked groups, in particular: Indigenous peoples, racialized newcomers, single mothers, and persons with disabilities.

Yes

No

Additional Information

Project Description: please provide a description of your project. *

Please provide a summary budget describing the intended use of the grant request. What specifically will the funds be used for? *

How does your project advance our purpose of inspiring peaceful, just, and prosperous communities? *

Amount Requested (maximum: \$10,000) *

What is the total cost of your project? *

What other sources of funding have you applied for? *

What other sources of funding have you obtained (please list the amount of funding that has been confirmed)? If none, please write N/A. *

How will you recognize Kindred for the contribution? *

How will continued funding be obtained (if applicable)? *

Name of Authorized Representative *

Job title / Position *

Email or contact for Authorized Representative (if different than Primary Contact)

If you have any supporting documentation to add, please contact Charitable.Giving@kindredcu.com for instructions on how to securely send.

I acknowledge that Kindred Credit Union reserves the right to publicize and promote grant recipients and projects. This includes names, amounts, and other project details. Grant recipients are expected to acknowledge Kindred's contribution in all marketing materials where appropriate. *

kindredcu.com is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. If you consent to us contacting you for this purpose, please tick below to say how you would like us to contact you:

I agree to receive other communications from Kindred.

You may unsubscribe from these communications at any time. For more information on how to unsubscribe, our privacy practices, and how we are committed to protecting and respecting your privacy, please review our [Privacy Policy](#).

By clicking submit below, you consent to allow kindredcu.com to store and process the personal information submitted above to provide you the content requested.

Submit