

A child in denim overalls and a light-colored shirt stands in a field, seen from behind. The image is overlaid with a semi-transparent purple filter. In the center, the 'smilezone' logo is displayed in white, featuring a stylized smile and yellow sunburst rays above the text.

smilezone™

APPLICATION



Smilezone Foundation

Smilezone Foundation is a registered charity committed to “putting SMILES on kid’s faces.” The charity, founded in 2012 established the overarching mission of assisting children, and their families, who are facing difficult times and health challenges.

Our mission is to create, build and transform areas (zones) in hospitals, children’s treatment centres, and other health care organizations, in order to improve the lives of children facing illness, disabilities and physical or emotional obstacles - Ultimately, putting SMILES on Kids’ faces!

REQUIREMENTS

Please include the following mandatory attachments as part of your application form:

- Detailed plan as attached below; including number of children and families served, measurements of success, suggested improvements and scope of work, etc.
- Photos of the current space(s) you have identified as in need of a Smilezone transformation
- External letters of support (minimum 1) from stakeholders, clients, funders, partner organizations, etc.
- Letter of permission from the facility owner (if your request is for a site you don’t directly own)

Please note that in order to be considered for a Smilezone, the Foundation may require the local recipient to commit to raising a percentage of the required funding, said percentage to be determined in collaboration with the Foundation.

SUBMISSION PROCESS

All applications must be submitted by email or mail. Submissions will not be accepted by fax. All applications will be acknowledged by e-mail within two weeks of submission.

VIA EMAIL

Please email the completed application form in PDF format, and include all additional attachments in one email to:

info@smilezone.com

VIA MAIL

Smilezone Foundation
557 Chartwell Road
Oakville, Ontario
L6J 4A8

SECTION A

APPLICANT INFORMATION

CONTACT NAME

FACILITY NAME

ADDRESS

TELEPHONE

EMAIL

WEBSITE

CHARITABLE # (IF APPLICABLE)

HOW DID YOU HEAR ABOUT SMILEZONE

I, _____, have reviewed the entire application form and confirm that all the information provided is true and accurate to the best of my knowledge and understanding.

NAME

TITLE

SIGNATURE

DATE

*Please note: all submitted applications will be reviewed amongst the Smilezone Foundation Development Committee and Board of Directors for consideration and approval. If you have any questions in the interim, please direct all correspondence to info@smilezone.com

SECTION B

APPLICANT PROFILE

1 History and focus of Hospital/Treatment Centre/Organization.

2 What is unique about your organization, and why should you be selected for a Smilezone transformation?

3 Description of your organization's and/or department's core programs and activities.

4

- I. Is your organization affiliated with POGO? **YES** **NO**

- II. Is the proposed space within the pediatric oncology unit? **YES** **NO**

- III. Smilezone Foundation maintains a working partnership with the Association for Children's Rehabilitation Services (OACRS) Is your organization a member? **YES** **NO**

SECTION B

APPLICANT PROFILE

5 Description of the current space(s) you would like a Smilezone built in (i.e. Physical characteristics and features, daily usage, etc.) – Please specify up to four spaces within your facility for consideration

[Empty text box for applicant profile description]

SECTION C

PROJECT REQUEST

1 Description of the proposed Smilezone transformation(s) and improvements for the space(s) if your organization is selected by the Smilezone Foundation. Please describe up to four spaces within your facility in priority sequence.

ZONE 1
ZONE 2
ZONE 3
ZONE 4

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2 How many children/families would be directly impacted by the transformation of this space, and how?

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3 How will you evaluate this project, and measure both the success and usage of the Smilezone?

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4 What financial plans do you have to sustain the project in the future, in relation to maintaining the space and its features (as outlined in the proposal)?

| |
|---|
| List any stakeholders in maintaining this project |
|---|

SECTION D

PROJECT SPECIFICS

1 Do you have any interim renovation plans within this space?
If yes, please describe, including the proposed timeline for substantial completion.

2 How could your team contribute local funds to be used towards the Smilezone project?

3 Do you have any upcoming occasions, anniversaries and/or celebrations we should be aware of?

4 What media would you be able to source for a grand opening event?

5 Are there any celebrities tied to your organization that would potentially be interested in supporting this launch?

SECTION E

SUBMISSION CHECKLIST

In addition to your application form, please attach the following mandatory elements to your application.

Photos of the current space(s) you have identified as in need of a Smilezone transformation

External letters of support (minimum 1) from stakeholders, clients, funders, partner organizations, etc.

Letter of permission from the facility owner (if your request is for a site you do not directly own)

*Please note that more information may be requested at a later date, should it be required.

Thank you

Our **smilezone**™ team will be in touch with you shortly!
