



July 28, 2015

To Whom It May Concern,

**Re: Application: HSA's Equality and Social Action Fund**

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Thank you for your request to the Health Sciences Association for a financial contribution to support your objectives.

Funding requests such as yours are referred to the union's Committee on Equality and Social Action (CESA). The committee has the responsibility of considering donation requests and allocating funding for groups, organizations and individuals promoting projects that fall within the committee mandate. CESA supports groups that work to promote social and economic justice, labour solidarity, and the protection of human rights, a healthy environment and universal health care. Preference is given to requests delineating specific projects. The committee's main areas of focus are Canada (particularly BC), Central America, and South America.

Our committee meets every fall to consider donation requests. To ensure that we have the information we require at that time, we have attached a donation request form for your organization to complete and return if you believe that your request meets our criteria. Feel free to include additional information about your organization or request, but please complete the form. We have attempted to make the form as simple as possible, but would welcome any suggestions you have for changes. As well, you will be contacted to arrange a time on **October 1<sup>st</sup>, 2015** to provide a ten minute presentation to our committee.

If you are successful in your request, the committee will ask that you provide information suitable for display and/or distribution to the union's members at our annual convention, which is usually in April. The members of HSA are interested in the activities of the committee and the projects or activities their donations support.

**Please return the form to Bill Hannah by 5:00 pm September 11<sup>th</sup>, 2015 by fax, e-mail or regular mail to:**

**Bill Hannah**  
**bhannah@hsabc.org**  
**Health Sciences Association of British Columbia**  
**180 E Columbia St; New Westminster, BC V3L 0G7 CANADA**  
**Fax: 604 515 8889 / toll free 800 663 6119**

This will allow us the opportunity to assess whether we need any further information from your organization.

Requests received after September 11<sup>th</sup>, 2015 will be held over for consideration in the following calendar year.

In solidarity,

A handwritten signature in black ink that reads 'Anita Bardal'. The signature is written in a cursive, flowing style.

Anita Bardal  
Chair – HSA Committee on Equality and Social Action  
HEALTH SCIENCES ASSOCIATION OF BC



## HSA EQUALITY AND SOCIAL ACTION FUND DONATION REQUEST FORM

**\*This document is form-fillable.**

Are you an: Individual  or Organization

Name of individual or organization:

[Click here to enter text.](#)

Contact information: (name / phone / email)

[Click here to enter text.](#)

Please describe your organization (or attach existing brochures, etc.):

[Click here to enter text.](#)

Have you or your organization received funding from HSA in the past? Yes  No

**Year:** [Click here to enter text.](#)

**Amount:** \$[Click here to enter text.](#)

**If yes,** please describe how you used previous HSA funding:

[Click here to enter text.](#)

The following is a list of the objectives of the Equality and Social Action Fund. Please indicate that your request meets one or more of these objectives.

- Promotion and protection of trade union rights
- Promotion and protection of human rights
- Elimination of inequalities in society and the workplace
- Promotion of issues relevant to women
- Provision of adequate universal health care
- Elimination of poverty
- Promotion and protection of a healthy environment

**Amount of request: \$** [Click here to enter text.](#)

Please identify the type of funding request:

- Recurring event or project
- One time event or project

Geographical Area/Scope of your organization or project:

- City/Town/Village (please identify):
- BC
- Canada
- Central or South America (please identify):
- Other (please identify):

Please provide a brief summary of how the funding will be applied:

[Click here to enter text.](#)

How will this donation make a difference to your organization?

[Click here to enter text.](#)

Should your application be successful, to whom should the cheque be made payable / sent?

**(payable to)**

Click here to enter text.

**(address)**

Click here to enter text.

***Please “save as” this form using your Organization’s name and “cesaapp” as the filename  
i.e. organizationcesaapp.doc .***

***Return form by 11 September, 2015 to: Bill Hannah  
[bhannah@hsabc.org](mailto:bhannah@hsabc.org)  
fax: 604 515 8889 / toll free 800 663 6119***