



ORGANIZATIONS FUNDING REQUEST FORM

Please note: Our Charitable Funding Policy states that “all funding are for the purpose of providing assistance within the communities in which we operate” – currently the Regions of Brantford & County of Brant. A copy of our policy is available upon request.

Name of organization: _____
 Address: _____
 Telephone number: _____ Fax Number: _____
 Web address: _____ Email: _____
 Applicant's name: _____ Phone number: _____
 Name of President/Chairperson: _____ Phone number: _____
 Total amount of donation request: _____ Date of application: _____
 Name of event: _____ Date of event: _____

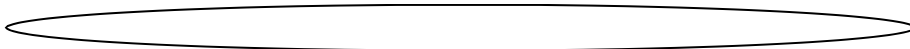
1. Is your organization recognized by the CRA as a charitable organization? Yes No
 Charitable Registration #: _____
 Are you authorized by CRA to issue a tax receipt?: Yes No

2. How long has your organization been in existence? _____

3. Please specify the purpose (s) of your organization. Identify your role in the organization.

4. What will the funding be used for? Why has this project been developed and who will it assist?

5. What is the estimated number of clients who will be served by this activity?



6. When is the funding required?

7. Are there other ways the Kinsmen might help in lieu of or in addition to a cash contribution?

8. Please add any other comments you feel would assist the Community Relations Committee in coming to a decision.

9. How will a contribution by the Kinsmen be acknowledged or recognized by your organization?

Please submit this completed application form, along with brochures, financial statements and any other material that would be helpful for our review of your request to:

**Kinsmen Club of Brantford Inc.
Community Relations Committee
25 North Park Street
Brantford ON N3R 4J4
Fax: 519-752-6184**

Charitable Funding Request Form – 2007

