The Municipality of Powassan

DONATION REQUEST APPLICATION

Group/Organization Applying: _____

Address: _____

Contact Person(s): _____

Position(s): _____

Telephone or Email: _____

What type of donation is being requested?

Monetary Donation "In-Kind" Donation

Donation value being requested: _____

How Will Funds Be Used? _____

_____

_____

Is Your Group Based in the Municipality of Powassan? Yes No

If no, how does your group support the residents of the Municipality of Powassan?

_____

_____

_____

Is Your Group Not-For-Profit organization? Yes No

How Many Years Has Your Group/Organization Been in Operation? _____

The Municipality of Powassan

What other sources of funding are used by your organization to provide its services?

_____

_____

_____

If successful, describe how the Municipality of Powassan will be given recognition for this donation:

_____

_____

Any additional information which you consider necessary for Council to make an informed decision?

_____

_____

_____

Applicant Name (Print): _____

Applicant Signature: _____

Date of Application: _____

FOR INTERNAL USE ONLY:

Date application received by the Municipality: _____

Does this application meet all criteria as outline in Donation Policy? Yes No

If successful, has the Municipality received written letter after the event: Yes No