Town of Claresholm Application for Donation (Policy 5.1.01 - Schedule "A") Date of Application: Date of Event: _____ Claresholm 1. Applicant Information Name of Applicant: Phone, Fax, Email: 2. Type of Organization: (circle) ARTS/CULTURE RECREATION/SPORTS EVENT OTHER(specify) 3. Is the Organization registered with Revenue Canada as a Charity? (circle) NO If yes provide registration date & #_____ 4. Is the Organization incorporated as a non-profit organization? (circle) NO If yes provide registration date & # **5. Type of Donation:** (check and explain) □ COMMUNITY EVENT ☐ SPECIAL EVENT □ COMMUNITY PROJECT FUNDING □ DONATION - Financial Assistance ☐ IN-KIND CONTRIBUTION - Fee Waiver ☐ IN-KIND CONTRIBUTION - Service, Equipment or Materials ☐ Other (explain): Explanation: Amount (value) Requested: _____ 6. Details of how the funds will be expended:

9. Is a copy of the organization's operational or project budget attached?

YES NO

7. Previous Donations

Has your	organization	received	donation	from the	Town of	Claresholm	in the p	ast? If so,	please e	explain
the amo	unt and use o	of these do	onations.							

the amount and use of these	donations.	
Date	Amount	Use of Funds
8. Organizational Information		
		e to the Town of Claresholm residents? (Please
attach a list of membership/	executive)	
Describe in broad terms the	principal objective of your or	ganization or initiative:
How will your organization a	cknowledge the Town's dona	ation?
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10. Please provide a detailed	d list of all sources of fundin	g for the organization
Funding Source		Recommended Use of Funds
Tunding Source	Amount	Necommended ose of Fanas