

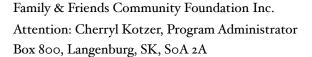


Family & Friends Community Foundation Inc. Attention: Cherryl Kotzer, Program Administrator Box 800, Langenburg, SK, SoA 2A

Contact Person:	Title:	
Name of Organization:		
Charitable Registration #:		
Telephone:	Fax:	
Address:		
Project Title:		
Brief Description of Your Orga	ınization's Goals and Mission:	
Brief Description of Project:		
Benefits To The Community:		
a. Who will benefit? (age, sex, gr	oup)	
b. How many will benefit?		



c.	Is there any potential to involve other community groups in this project? (cost sharing, resource sharing, etc)
Tiı	meline:
a.	What are the projected start-up and completion dates of the project?
b.	When are the funds required?
Or	ganizational Structure:
	ase provide the names of your board of directors, executive or committee mbers.



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tatement;	
reviewed an	and authorized by the Board of Directors of
	Signature
	Signature
Date	
	\$tatement;

Please Submit Your Application Before December 31 to: Family & Friends Community Foundation Inc. Attn: Cherryl Kotzer, Program Administrator Box 800, Langenburg, SK SoA 2A0

Web: www.familyandfriendsfoundation.com

Applic	cant:			
Recip (only	if different than applicant)			
The g	grant, if approved, must be made to a "qualified donee", as defined under the Income Tax			
	applicant and/or recipient confirms that it is a qualified donee under the <i>Income Tax Act</i> and ne of the below categories (please check the applicable category):			
	a registered charity (including a registered national arts service organization)			
	a registered Canadian amateur athletic association			
	a registered housing corporation resident in Canada constituted exclusively to provide low-cost housing for the aged			
	a registered Canadian municipality			
	a registered municipal or public body performing a function of government in Canada			
	a registered university outside Canada that is prescribed to be a university, the student body of which ordinarily includes students from Canada			
	a registered charitable organization outside Canada to which Her Majesty in right of Canada has made a gift			
	Her Majesty in right of Canada, a province, or a territory			
	the United Nations and its agencies			
	table Registration Number: plicable)			
	recipient is other than the applicant, the organization hereby confirms that it is permitted to onsents to receiving the grant.			
	Per:			
Date:	Name: Title:			

NOTE: If you are signing this application as a recipient who is not the applicant, if the grant is awarded to the applicant, the grant will be paid directly to your organization. In advance of consenting and permitting the grant to be paid to your organization, as confirmed by your endorsement above, you are encouraged to seek out the necessary tax or legal advice respecting your organization's rights and obligations and qualification as a "qualified donee" under the *Income Tax Act* for the purpose of receiving the grant and disbursing it to the applicant.