



Family & Friends Community Foundation Inc.  
Attention: Cheryl 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 Organization’s Goals and Mission:**

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**Brief Description of Project:**

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**Benefits To The Community:**

a. Who will benefit? (age, sex, group)

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b. How many will benefit?

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**Financial Summary:**

Total Cost of Project \$ \_\_\_\_\_

Amount of Grant Requested \$ \_\_\_\_\_

Funds from Other Contributors \$ \_\_\_\_\_

Funds Raised Thus Far \$ \_\_\_\_\_

Additional Financial Information:

Please Attach To This Application:

- 1) Most recent annual financial statement;
- 2) Current operating budget.

*We certify that this application has been reviewed and authorized by the Board of Directors of the organization listed above.*

_____	_____
Name of Contact	Signature

_____	_____
Name of Contact	Signature

\_\_\_\_\_

Date

Please Submit Your Application Before December 31  
to: Family & Friends Community Foundation Inc.  
Attn: Cheryl Kotzer, Program Administrator Box 800,  
Langenburg, SK SoA 2A0  
Web: [www.familyandfriendsfoundation.com](http://www.familyandfriendsfoundation.com)

Applicant: \_\_\_\_\_

Recipient: \_\_\_\_\_  
(only if different than applicant)

The grant, if approved, must be made to a “qualified donee”, as defined under the *Income Tax Act*.

The applicant and/or recipient confirms that it is a qualified donee under the *Income Tax Act* and fits one 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

Charitable Registration Number: \_\_\_\_\_  
(if applicable)

If the recipient is other than the applicant, the organization hereby confirms that it is permitted to and consents to receiving the grant.

\_\_\_\_\_  
Date:

Per: \_\_\_\_\_  
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.