



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:

Brief Description of Project:

Benefits To The Community:

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

b. How many will benefit?



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
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_____ Name of Contact	_____ Signature
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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

The grant, if approved, must be made to a “qualified donee”, as defined under the *Income Tax Act* and as reproduced below. The applicant confirms (select one):

- it is a “qualified donee”
- it is not a “qualified donee”

1. If the applicant has selected that it is a “qualified donee”, it must select the applicable “qualified donee” category below and provide its charitable registration number, if it has a charitable registration number.
2. If the applicant has selected that it is not a “qualified donee”, then, the grant must be made to a separate recipient that fits one of the below “qualified donee” categories. The name of the recipient is _____ and the applicable “qualified donee” category that applies to the recipient must be selected below and the recipient's charitable registration number must be provided, if the recipient has a charitable interest number.

“qualified donee” categories:

- 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): _____

Note: Only complete the below if the grant is to be paid to a recipient and not the applicant.

If the recipient is other than the applicant, the recipient 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.