

The Temiskaming Foundation
GRANT APPLICATION
For Kids Sake Fund

Name of Organization: _____

Charitable Registration Number: _____

Contact Person: _____ Title: _____

Address: _____

Town: _____ Postal Code: _____

Telephone No.: _____ Fax: _____

E-Mail: _____ Website: _____

Project Title: _____

Using no more than 3 pages, tell us about your organization and about your project (See "Writing Your Proposal"). Complete the Project Budget form.

Total Organization Budget	\$
Total Project Budget	\$
Amount Requested from The Temiskaming Foundation	\$

How will you acknowledge a grant from The Temiskaming Foundation?

We certify that this application has been authorized by the governing body of the above-named organization:

Name: _____ Name: _____
 Title: _____ Title: _____
 Signature: _____ Signature: _____

Date Received: _____	Date Approved: _____
Cheque Number: _____	Amount Approved: _____

The Temiskaming Foundation, under Canada Revenue Agency rules, can only make grants to qualified donees (registered charities, municipalities and tax exempt housing authorities etc.)

If your group is not a registered charity, we request that to set up a partnership with a qualified donee. The grant will be forwarded to the sponsoring 'qualified' group. A sponsoring group should be an organization that has ties to the project/group you represent. For example you may use the geographic location of your group/project and approach the appropriate municipality for sponsorship. Your group/project may be working in a specific field of interest, or your group may decide to approach a hospital, a church or museum for sponsorship.

Please visit www.cra-arc.gc.ca/chrts-gvng/lstngs/menu-eng.html to search for charitable organizations.

Date Received: _____	Date Approved: _____
Cheque Number: _____	Amount Approved: _____