



Donations and Sponsorship Policy #168-99

Town of High Level Municipal Council

Application for Donation

DATE:

Applicant/Organization

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Type of Donation

Financial Assistance

Amount Requested: \$ _____
(Maximum \$300)

In-kind Resource

Resource Requested: _____
(Maximum Value \$300)

Date Resource Requested: _____

Details of how funds will be expended:

What cash or in-kind contribution is your organization making towards your event?

Information Regarding the Organization

What services or activities does your organization provide to High Level residents?

Principal Objectives: Describe in broad terms the principal objectives of your organization.

Provide any additional information which you consider relevant.

How will your Organization acknowledge Council's Donation?

For Internal Use Only (completed by department Manager or Director)

Meets Councils Donation Policy #168-99

- Yes
- No

| |
|----------------------|
| Date stamp received: |
|----------------------|

Donation Value \$ _____

Donations given this Organization by Council over the last three years (completed by Municipal Clerk):

| Amount | Date | Purpose for funds |
|--------|------|-------------------|
| | | |
| | | |
| | | |

Resolution # _____