

<b>1. IDENTIFICATION OF THE ORGANIZATION</b>	
Organization's full name and coordinates (Full name, mailing address, telephone number, e-mail address)	
Name and title of contact person (Coordinates of the contact person)	
<b>2. GENERAL INFORMATION ABOUT THE ORGANIZATION</b>	
Brief history, objectives and mission of the organization (Please attach more detailed information with the form)	
Geographical area served	
What activity sector is your organization involved in? <input type="checkbox"/> Health and welfare <input type="checkbox"/> Education <input type="checkbox"/> Family activities <input type="checkbox"/> Mutual/community aid <input type="checkbox"/> Other	
<b>3. EVENT/ACTIVITY/PROJECT</b>	
Name and description of the project / event	
Number of years the project / event has existed	
Location of the project / event	
Date or duration of the event	
Number of participants expected	
<b>4. SOURCE OF FINANCING</b>	
Amount or level(s) of participation requested	
Does your organization receive financial support from any other financial institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. ADDITIONAL INFORMATION FOR A DONATION REQUEST</b>	
Federal business no. (BN) <i>Only federally registered organizations are eligible for a donation.</i>	
Organization's year of registration	
What is the financial target of the project or fundraising campaign?	
Is your organization supported by United Way / Centraide? <i>Organizations supported by United Way / Centraide are not eligible for a donation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization affiliated with another organization? .	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, with what organization?
<b>COORDINATES FOR SUBMITTING A DONATION REQUEST</b>	
Via e-mail	<a href="mailto:Donation@lbcfg.ca">Donation@lbcfg.ca</a>

**NOTE:** Only organizations that are retained will be contacted.