

DONATION AND SPONSORSHIP POLICY MG.001

APPLICATION FOR DONATION

Please note that applications should be submitted at least one month prior to the event date.

Da	Date:				
1.	1. Name of Applicant				
a)	ORGANIZATION INFORMATION				
	Name:				
	Address:				
	Phone Number: Fax Nu	ımber:			
	E-mail:				
	Organization's Executive Information:				
	President/Chairperson Name:				
	Address:				
	Phone Number: Fax Nu	ımber:			
	E-mail:				
b)	b) INDIVIDUAL INCORMATION				
D)	b) <u>INDIVIDUAL INFORMATION</u>				
	Name:				
	Address:				
	Phone Number: Fax Nu	ımber:			
	F-mail·				

2.	If the applicant is:
a)	an organization or group, is it a registered society in good standing?
	Yes
	□ No
	If not in good standing, please explain:
	NOTE: If your organization is a registered society, please provide the Town with a copy of your society's letter of incorporation.
b)	If the applicant is an organization, is it:
	☐ Not-for-profit
	Other
	If other, explain:
3.	Donation Information
	NOTE: Requests for donation of space for licensed events using Town facilities as defined in the Town of Inuvik Donation and Sponsorship Policy are not eligible for donation. Please see the policy for full details.
a)	Dollar amount being requested: \$

If the request is for something other than 3 a) or b), please explain:				
Total cost of event, pr	oject or program bein	g promoted:		
Have you received donation/donation in-kind assistance from any other organization, individual government agency?				
Yes				
☐ Yes ☐ No				
☐ No If yes, please list all	_	duals and government agencies from which you he from and specify the dollar value of that assistance.		
☐ No If yes, please list all	_			
☐ No If yes, please list all received or are about	_	<u> </u>		
No If yes, please list all received or are about	_	from and specify the dollar value of that assistance. Amount		

7.	Have you previously applied for and receive Town of Inuvik?	d donation/donation in-kind funding or support from the			
	Yes				
	□ No				
	If yes, when?				
	Amount of donation/donation in-kind assistance received:				
	For what purpose?				
8.	Have you previously applied for and been refused donation/donation in-kind funding or support from the Town of Inuvik? If yes, please explain.				
9.	Are any of the financial proceeds from the event, project or program you, your organization or group are sponsoring going to be donated to other groups or organizations in Inuvik? Please specify.				
	Name of Group/Organization	Amount of Donation			
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- 10. In order for the Town of Inuvik to process your application for donation/donation in-kind assistance, you may be required to provide the following financial information:
 - a) a copy of your group or organization's current budget; and,
 - b) a copy of your group or organization's latest audited independent financial statements.
- 11. You, your group or organization agree to abide by and provide the Town of Inuvik with all the necessary information it requires in order to process this application. This includes requested financial information. Any misrepresentation or material omission on this application can result in the application being declined.

- 12. Organizations requesting donations from the Town of Inuvik that require Council approval under the Donation and Sponsorship Policy shall ensure that a representative is present at the committee of the whole Council meeting to answer questions or provide additional information. Council reserves the right to postpone making a decision until such time as a representative is available to attend.
- 13. You, your group or organization will be required to provide the necessary public liability and all perils insurance coverage if required by the Town in order for the Town to provide any donation/donation in-kind assistance for your event, project or program.
- 14. You, your group or organization hereby agrees to save harmless the Town of Inuvik from any claim, counter claim, damages or lawsuit arising from you or your group or organization's sponsoring of this event, project or program.

15.	I/we agree to provide the Town of Inuvik with a follow-up report if requested:			
16.	1	on behalf of		
	do h ereby dec	e that I have the authority and approval to make the above donation/donation in		
	kind application	r assistance from the Town of Inuvik.		
	Contact Person			
	Name:			
	Address:			
	Phone Number	Fax Number:		
	F-mail:			