



TOWN OF INUVIK

DONATION AND SPONSORSHIP POLICY

APPLICATION FOR DONATION

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

Date: _____

1. Name of Applicant

a) **ORGANIZATION INFORMATION**

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Organization's Executive Information:

President/Chairperson Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

b) **INDIVIDUAL INFORMATION**

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-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: \$ _____

b) If the donation request is for space at a Town facility, please provide details (dates, description of space needed, type of event being held, equipment/supplies needed, etc.)

c) If the request is for something other than 3 a) or b), please explain:

4. Total cost of event, project or program being promoted: _____

5. Have you received donation/donation in-kind assistance from any other organization, individual or government agency?

Yes

No

If yes, please list all organizations, individuals and government agencies from which you have received or are about to receive assistance from and specify the dollar value of that assistance.

_____	_____
Name	Amount

_____	_____
Name	Amount

_____	_____
Name	Amount

6. What monies are you or your organization committing or raising towards the event, project or program you are sponsoring?

7. Have you previously applied for and received donation/donation in-kind funding or support from the Town of Inuvik?

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

Name of Group/Organization

Amount of Donation

Name of Group/Organization

Amount of Donation

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. 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.

13. 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.

14. I/we agree to provide the Town of Inuvik with a follow-up report if requested:

I _____ on behalf of _____

do hereby declare that I have the authority and approval to make the above donation/donation in-kind application for assistance from the Town of Inuvik.

15. Contact Person:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____