Annex B

Section A - Organization's Information

Name of organization: Click here to enter text.
Mailing Address: Click here to enter text.
Telephone number: Click here to enter text. Fax or Email: Click here to enter text.
Contact Person Name: Click here to enter text.
Contact Telephone Number: Click here to enter text. Email: Click here to enter text.
Section B – Application Summary
s your request for: ☐ 1 activity / Event; ☐ For the year's activities;
Note that only one donation will be given per application / organization per year.
Amount Requested Click here to enter text. \$
f the amount is more than the amount previously given, please justify: Click here to enter text.
Name of activity or list of activities: Click here to enter text.
Description of activity / activities' summary: Click here to enter text.
Start date / End date of activity / List of dates: Click here to enter text.
ocation of activity / activities: Click here to enter text.
s admission free? □Yes/□ No, the admission fee is Click here to enter text.
Describe how The Nation will be recognized during your event(s)? Click here to enter text.
f the amount requested and given is more than \$500.00, the administration reserves the right to request a report detailing how the funds were spent.
f applicable, the organism consents to sending a report to The Nation Council: \Box Yes/ \Box No,
Signature of applicant Date

Don't forget to submit your event to <u>communication@nationmun.ca</u> to be included in our Community Events Calendar.