

**Schedule A - 6-2020**

**Donation or Grant Request**

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Registered Charitable Number \_\_\_\_\_

**Primary Contact**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Registered Charitable Number \_\_\_\_\_

**Name of the project or initiative**

\_\_\_\_\_

\_\_\_\_\_

**Description of the project**

\_\_\_\_\_

\_\_\_\_\_

**Type of assistance or amount requested**

\_\_\_\_\_

\_\_\_\_\_

**Community benefit**

\_\_\_\_\_

\_\_\_\_\_

**Other funding sources**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_