



NON-PROFIT APPLICATION FORM

Registered Name of Organization: _____

Mailing Address: _____

E-mail Address: _____

Phone #: _____ Cell #: _____

Contact Person: _____

Position/Title: _____

Is your organization registered as a non-profit society or corporation? ☐ Yes ☐ No

Act Registered Under: _____

Registration Number: _____

Does the organization have charitable status? ☐ Yes ☐ No

Will your organization provide tax receipts to those who request it? ☐ Yes ☐ No

Is this organization governed or managed by a Board of Directors, council or committee? ☐ Yes ☐ No

Please provide Board Members' names and position on Board:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Organization's Background, Purpose or Mandate:



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Program/Project Name: _____

Beginning Date: _____

Completion Date: _____

Program/Project Description: (Please provide as much detail as you can)

Describe how the funds will be used:

Funds cannot be used for operating/administrative costs (Administrative costs include: staff salary, rent, accounting services, etc.)

What community need will your program/project address?

What other community groups are you working with and in what capacity?

List other funding sources for this particular program/project:

Please note that consideration will be given to all local non-profits.

Funds cannot be used for administration purposes, travel, or operating costs. If these costs are noted, we will ask for the application to be revised.

TO SUBMIT: Save document and email to info@halosfm.com