



# Community Partnership Program Funds Request

If you are requesting a monetary donation, please be advised that this form must be completed in full by the applicant and returned to the Community Relations Department or the branch of origin for consideration. Upon review, you will be notified within 30 days of the original date of request.

Date of Request \_\_\_\_\_ Total Amount Requested \$ \_\_\_\_\_

Request for Gift in Kind  Yes  No      Type of Gift \_\_\_\_\_

## Organization making request

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

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

Contact Name \_\_\_\_\_

Phone (Mon-Fri) \_\_\_\_\_ e-mail \_\_\_\_\_

Registered not-for-profit charity      Yes       Charitable Reg. # \_\_\_\_\_      No

Niagara Credit Union Member      Yes       Branch \_\_\_\_\_      No

## Request description

Please summarize the following:

The purpose of the organization \_\_\_\_\_

It's challenge or opportunity \_\_\_\_\_

What request will do \_\_\_\_\_

Who will it benefit \_\_\_\_\_

Expected results \_\_\_\_\_

Project/event date or duration      Start \_\_\_\_\_ End \_\_\_\_\_      or      Ongoing project

If request for investment is \$500 or more, please attach a copy of the organization's business plan.

Will Niagara Credit Union's support be recognized?      If yes, please describe how:  
\_\_\_\_\_

Signature of organization's contact \_\_\_\_\_

If request is approved, please make cheque payable to: \_\_\_\_\_