Applicant Information and Authorization Form – Sustaining Festival Program

Please complete, print and sign this form. Then upload it as part of your online application.

Organization Name:					
Festival Name:					
Organization Address:					
City:		Province:		Postal Code:	
Contact Name:		Position:			
Phone Number:		Email:			
Website:					
Incorporation #:		Charitable Registration #:			

Funding Request Provide the day/month/year for the year-end of the fiscal year(s) for which you are seeking funding:

Request Amount:		**For year ending:**	
Request Amount:		**For year ending:**	
Request Amount:		**For year ending:**	

Authorization for Application

On behalf of, and with the authority of, the above-mentioned organization, we certify that we have read and understand the Terms and Conditions set out herein. Further, we certify that the information given in this application for funding assistance is true, correct and complete in every respect.

	Signature	**Name**	**Title**
Senior Staff Person			
Board Chair/ Representative			