

Applicant Information and Authorization Form – PAC Facility Access Program

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

Funding Request

Title of Project:			
Amount of request:		For year ending:	
Project Start Date:		Project End date:	

Authorization for Application

On behalf of, and with the authority of, the above-mentioned **incorporated** 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:			

Confirmation of Not-for-Profit Operations

NOTE: This section to be completed **only** if applicant is **not incorporated**:

"I confirm that _____ (name of applicant) operates on a not-for-profit basis, returning all surplus revenues after expenses to future initiatives of _____ (name of applicant)."

Please complete this form. Then upload it as part of your online application at **www.stcatharines.ca/SCCIP**

If you wish to send this form via mail, instructions on how to do so will be provided as part of the online application process.