

Community Funding Application In order to submit this form, please complete it, save it onto your desktop, and then email it to info@northsave.com

ORGANIZATION INFORMATION					
Name:					
Date established:		Charitable tax number : (if applicable)	:		
Address:					
City:		Postal code:			
Telephone:		Email:			
Website:					
Does the organization have an account with Northern Savings?		□ Yes	□ No		
CONTACT INFORMATION					
Name:					
Relationship to the organiza (e.g. director, volunteer)	tion:				
Telephone:		Email:			
Preferred contact method:		☐ Telephone	□ Email		
Are you a member of Northern Savings?		☐ Yes	□No		
PROJECT / EVENT INFORMA	TION				
Name:					
Type of project / event:					
Start date:		End date:			
Purpose / goal:		Objectives:			
Description of the project / 6 (include history / previous sponsors	event: s)				
Which of the following areas	s does the project/event apply to?				
☐ Community	☐ Environment	☐ Financial Literacy	☐ Leadership		
Geographic region that the project/event targets:					
☐ Prince Rupert	☐ Haida Gwaii	☐ Terrace	□ Other		
How do you plan to measure your success?					
What other organizations ar	e involved and/or providing funding, and at	t what level?			



Complete the form, save it onto

your desktop, and then email it

to info@northsave.com

138 3rd Avenue West

Prince Rupert, BC V8J 1K8

Community Funding Application In order to submit this form, please complete it, save it onto your desktop, and then email it to info@northsave.com

REQUEST DETAILS						
Total budget for the project / event: \$						
Will you be requesting	☐ Funding	☐ Giveaways	□ Volunteers			
Amount requested for the project / e	vent: \$	-				
Has Northern Savings sponsored this						
☐ Yes	When:	Amount sponsored:				
	onsored a different project / event with our ship from Northern Savings in the past	ur organization				
OPPORTUNITIES FOR NORTHERN SAV	rings					
What are the expectations and / or opportunities for Northern Savings' participation in the project / event						
☐ Recognition	Please describe:					
☐ Event participation	Please describe:					
☐ Speaking opportunity	Please describe:					
□ Other	Please describe:					
How will you recognize Northern Savings' sponsorship (e.g. publicity, promotion, advertising) Have you been in touch with anyone from Northern Savings regarding this application? If so, please list:						
OTHER						
Please use this space to provide any	other information that is relevant to this	application:				
SUBMISSION INFORMATION						
Please submit this completed application form using one of the following methods:						
Email info@northsave.com	Mail Northern Savings Credit Union Community Reinvestment	Fax 250.627.3602				