Application

Organization/Group requesting support:	
Date of Request:	
Contact Name:	
Title/Position:	
Contact Number:	
Contact Email:	
Contact mailing address:	
Group website/social channels:	
What type of request are you making?:	
Financial In Kind Donation	
Where will your initiative have most impact? Please check one.	
St. John's/Avalon Peninsula Central	
West Labrador	
What is the approximate total value of your request?:	
How is your organization classified?	
 An organization registered as having charitable status What is your 15 character CRA business number An unorganized or unregistered group 	
Which area is your initiative primarily focused on:	
Have you or someone within your group spoken to anyone at Browning Harvey Ltd.?	
Please provide the name of the person to whom you have spoken:	BROWNING HARVEY LTD.

Has BH	IL provided	your organiz	ation with funding	or donation o	f in-kind in the la	st
year?	Yes	No				

What type of event is this?
What is the name of the event?
Where is the event being held (venue):
In what city/town/community is the event being held:
When is the event being held:
Does this event span more than one day:
What is the estimated number of attendees:
Is this a fundraiser? Yes No
Will we be exclusive for the following categories:
Soft Drink Water Juice Energy Are you asking Browning Harvey Limited to buy tickets/ or a table to your event, or event sponsorship? Yes No In 200 words or less please let us know how our contribution will help your event

If approved, by what date do you require Browning Harvey Limited funding or support: _____

BROWNING HARVEY LTD.