

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:



