

GTC DONATIONS APPLICATION FORM

Applicant	
Name	Name of Organization
Contact Information	
Phone Number	Email
Address	

Expression of Interest

Note: Please refer to the GTC Donations Policy found here: <u>https://www.gwichintribal.ca/policies.html</u>

Which of the GTC Donation Policy Objectives does this request support (see Donations Policy Guidelines)?	
	Community-based cultural and social development
	Community-based health improvement
	Youth development
	Other
If other, br	iefly describe objective.

Which of the GTC stated priorities does this request meet (see Donation Policy Guidelines)?

- Cultural Development
- □ Social Development
- □ Community Health Improvement
- □ Youth Development
- □ Other

If other, briefly describe priority.

Background information on the organization requesting a donation:

A summary of the project for which funds are being requested:

Benefits and results anticipated:

Budget information for the program or project:

Information on other sources of project support and financing:

Description of recognition the GTC will receive (advertising, announcements at event, banners, etc.):

Signature

Signature of Applicant

Date: MM-DD-YYYY

Applying In Person

Please bring this form and copies of your supporting documents to: Gwichin Tribal Council 1-3 Council Crescent P.O. BOX 1509 Inuvik, NT XOE 0T0

Applying By Mail

Mail or Courier this form and copies of your supporting documents to: Gwichin Tribal Council P.O. BOX 1509 Inuvik, NT XOE 0T0

Applying By Email

Please email this form and supporting documents to: <u>donations@gwichintribal.ca</u>.