



Mandatory fields *

SECTION 1: INSTRUCTIONS

Please complete all mandatory fields.

Once completed, the form must be sent by email to the following address: **philanthropie@fgmtl.org**

For grant requests from a fund at the FGMIF, please send us the form no later than 10 working days before the end of the month, otherwise FGM reserves the right to postpone the transaction to the following month.

SECTION 2. FUND IDENTIFICATION

Fund number*: _____ Fund name*: _____

SECTION 3. REQUEST FOR RECOMMENDATIONS

Would you like a member of FGM's team to contact you with recommendations for your Fund's distribution? If so, please complete the following section and send your form by email to: **philanthropie@fgmtl.org**

 Last name, First name Preferred form of communication Contact information
 Comments: _____

SECTION 4. DISTRIBUTION TO FGM PROGRAMS

Grant to the following initiatives:

Collective Fund for Social Equity *Amount* _____
Funding to enable community organizations, notably those led by or for Black, Indigenous or other people of colour (BIPOC) or other marginalized populations, to unlock their potential and unique transformative vision.

Collective Fund for Climate and Ecological Transition *Amount* _____
Funding to accelerate the fight against climate change, promote the adaptation and resilience of our environments, and encourage ecological transition in Greater Montreal.

Women's Impact Montreal Collective Fund (WIM) *Amount* _____
Funding to support organizations that directly serve Greater Montréal's women and girls in order to improve their life circumstances

Other FGM Programs *Amount* _____
Funding to respond quickly and with agility to a variety of pressing community needs across all sectors and areas of Greater Montreal.

SECTION 5. BENEFICIARY IDENTIFICATION

If you wish to distribute to more than four organizations, please contact FGM and we will provide you with an additional attachment to include with this form.

1			
Name of the organization*			Amount*
Project			
Please provide the following information if available			
Civic number, Street, Office	City	Postal code	Province
Phone			
CEO or person acting as such within the organization	Title	Email	
For internal use			
CRA registration number	Engagement Dept's recommendation		
SDG	Sector		
Diversity-1	Diversity-2	Diversity-3	
2			
Name of the organization*			Amount*
Project			
Please provide the following information if available			
Civic number, Street, Office	City	Postal code	Province
Phone			
CEO or person acting as such within the organization	Title	Email	
For internal use			
CRA registration number	Engagement Dept's recommendation		
SDG	Sector		
Diversity-1	Diversity-2	Diversity-3	

SECTION 5. BENEFICIARY IDENTIFICATION (CONTINUED)

3

Name of the organization* _____ Amount* _____

Project _____

Please provide the following information if available

Civic number, Street, Office _____ City _____ Postal code _____ Province _____

Phone _____

CEO or person acting as such within the organization _____ Title _____ Email _____

For internal use

CRA registration number _____ Engagement Dept's recommendation _____

SDG _____ Sector _____

Diversity-1 _____ Diversity-2 _____ Diversity-3 _____

4

Name of the organization* _____ Amount* _____

Project _____

Please provide the following information if available

Civic number, Street, Office _____ City _____ Postal code _____ Province _____

Phone _____

CEO or person acting as such within the organization _____ Title _____ Email _____

For internal use

CRA registration number _____ Engagement Dept's recommendation _____

SDG _____ Sector _____

Diversity-1 _____ Diversity-2 _____ Diversity-3 _____

Total

SECTION 6. COMMENTS AND SPECIAL INSTRUCTIONS

SECTION 7. AUTORIZATION

I authorize the Foundation of Greater Montréal to distribute grants as indicated in sections 4 and 5 on behalf of the Fund identified in section 2.

Name of the authorized person* _____ Date* (mm/dd/yyyy)

For internal use

Approved by: _____

Date: _____