



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**

\_\_\_\_\_ *Amount\** \_\_\_\_\_

*Name of the organization\**

\_\_\_\_\_

*Project*  
 Please provide the following information if available

\_\_\_\_\_ *City* \_\_\_\_\_ *Postal code* \_\_\_\_\_ *Province* \_\_\_\_\_

*Civic number, Street, Office*

\_\_\_\_\_ *Phone* \_\_\_\_\_

\_\_\_\_\_ *Title* \_\_\_\_\_ *Email* \_\_\_\_\_

*CEO or person acting as such within the organization*

**For internal use**

\_\_\_\_\_ *Engagement Dept's recommendation* \_\_\_\_\_

*CRA registration number*

\_\_\_\_\_ *Sector* \_\_\_\_\_

*SDG*

\_\_\_\_\_ *Diversity-1* \_\_\_\_\_ *Diversity-2* \_\_\_\_\_ *Diversity-3* \_\_\_\_\_

**2**

\_\_\_\_\_ *Amount\** \_\_\_\_\_

*Name of the organization\**

\_\_\_\_\_

*Project*  
 Please provide the following information if available

\_\_\_\_\_ *City* \_\_\_\_\_ *Postal code* \_\_\_\_\_ *Province* \_\_\_\_\_

*Civic number, Street, Office*

\_\_\_\_\_ *Phone* \_\_\_\_\_

\_\_\_\_\_ *Title* \_\_\_\_\_ *Email* \_\_\_\_\_

*CEO or person acting as such within the organization*

**For internal use**

\_\_\_\_\_ *Engagement Dept's recommendation* \_\_\_\_\_

*CRA registration number*

\_\_\_\_\_ *Sector* \_\_\_\_\_

*SDG*

\_\_\_\_\_ *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: \_\_\_\_\_