

**SECTION 1: INSTRUCTIONS**

Please complete all mandatory fields

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 FGMI, 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. BENEFICIARY IDENTIFICATION

You can attach a list to this form if necessary (if more than 5 grants)

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
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



SECTION 3. BENEFICIARY IDENTIFICATION (CONTINUED)

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

5	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 4: COMMENTS AND SPECIAL INSTRUCTIONS

SECTION 5. AUTHORIZATION

I authorize the Foundation of Greater Montreal to distribute grants to the organizations listed in section 3 on behalf of the fund identified in section 2.

Name of the authorized person *

Date*

For internal use

Approved by: _____

Date: _____