SDG

Diversity-1



SECTION 1: INSTRUCTIONS
Please complete all mandatory fields

Mandatory fields \*

Once completed, the form must be sent by email to For grant requests from a fund at the FGMIF, pleas Otherwise, FGM reserves the right to postpone the SECTION 2. FUND IDENTIFICATION	se send us the fo	orm no later than 10 v	vorking days befor	e the end of the month.
Fund number*: Fund name *	*:			
SECTION 3. BENEFICIARY IDENTIFICATION				
You can attach a list to this form if necessary (if mo	ore than 5 grant	s)		
1				
Name of the organization*				Amount*
Project  Please provide the following information if available				
Flease provide the following information is available				
Civic number, Street, Office		City	Postal code	Province
Phone	_			
CSO		T:40		F9
CEO or person acting as such within the organization  For internal use		Title		Email
CRA registration number		Engagement Dept's red	commendation	
SDG		Sector		
Diversity-1 Div	iversity-2		Diversity-3	
Diversity-1	Versity-2		Diversity-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		riue		Elliali
CRA registration number		Engagement Dept's rec	commendation	
SDG		Sector		
			-: 't. 2	
Diversity-1 Div	iversity-2		Diversity-3	
3				
Name of the organization*				Amount*
Project				
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		TIUC		Lingii
CRA registration number		Engagement Dept's recommendation		

Sector

Diversity-3

Diversity-2



## **SECTION 3. BENEFICIARY IDENTIFICATION (CONTINUED)**

4				
Name of the organization*				Amount*
Project				
Please provide the following information if available				
Please provide the following information in all all all all all all all all all al				
Civic number, Street, Office		City	Postal code	Province
Civic number, sueer, onice		Спу	Pustai couc	Province
Phone				
·				
CEO or person acting as such within the organization	n	Title		Email
For internal use				
		Engagement Dent's		
CRA registration number		Engagement Dept's r	/ecommendation	
SDG		Sector		
Diversity-1	Diversity-2		Diversity-3	
Manager of the approximation #				- , , ,
Name of the organization*				Amount*
Project			·	
Please provide the following information if available				
Civic number, Street, Office	<del></del>	City	Postal code	Province
Phone	<del></del>			
CEO or person acting as such within the organization	un .	Title	·	Email
For internal use				Lillan
7 6				
CRA registration number		Engagement Dept's r	recommendation	
Olvi registration number.				
SDG		Sector		
300		Gettor		
	" 0		2:	
Diversity-1	Diversity-2		Diversity-3	
<del></del>				<del></del>
			T-4.	-
			Tota	d
CTION 4: COMMENTS AND SPECIAL INST	TRUCTIONS			
TION E AUTHORIZATION				
CTION 5. AUTHORIZATION		· · · · · · · · · · · · · · · · · · ·		to the second of
thorize the Foundation of Greater Montreal to the transfer of	.o distribute grar	nts to the organizations	ડ listed in section ૩ લ	on behalf of the tund
stified in section 2				
itilled in Section 2.				
nunea in section 2.				
		Doto*		
Name of the authorized person *		Date*		
Name of the authorized person *		Date*		
Name of the authorized person * internal use		Date*		
		Date*		
Name of the authorized person *  internal use proved by:		Date*		
Name of the authorized person * internal use		Date*		