



Distribution form - Donor advised fund

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 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. REQUEST 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. DISTRIBUTE TO FGM PROGRAMS

Grant to the following initiatives:

Collective Fund for Social Equity Amount _____
Funding to support post-Covid-19 recovery projects in organizations working with marginalized populations in Greater Montreal, specifically on the themes of food security, homelessness, and mental health.

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.

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 _____

SDG _____ Sector _____

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 _____

SDG _____ Sector _____



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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	
SDG	Sector

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	
SDG	Sector

Total

SECTION 6. COMMENTS AND SPECIAL INSTRUCTIONS

SECTION 7. AUTHORIZATION

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: _____ (mm/dd/yyyy)