

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

CTION 2. FUND IDENTIFICATION				
nd number*: Fund name*:				
ECTION 3. REQUEST FOR RECOMMENDATIONS				
ould you like a member of FGM's team to contact you with	•		tion? If so, please	
implete the following section and send your form by email t	to: philanthropie@fgn	ntl.org		
Last name, First name Preferred form	m of communication	Contact information	tion	
Comments:				
ECTION 4. DISTRIBUTION TO FGM PROGRAMS				
Grant to the following initiatives:				
Collective Fund for Social Equity	Amou	nt		
Funding to enable community organizations, notably those led by or for			her marginalized	
populations, to unlock their potential and unique transformative vision.	A	4		
Collective Fund for Climate and Ecological Transition Funding to accelerate the fight against climate change, promote the accelerate the fight against climate change, promote the accelerate the fight against climate and Ecological Transition.			ge ecological transition in Greater	
Montreal.		,		
Women's Impact Montreal Collective Fund (WIM) Funding to support organizations that directly serve Greater Montréal's	Amou. s women and girls in order to imp		es	
Other FGM Programs	Amou	nt		
Funding to respond quickly and with agility to a variety of pressing com			ntreal.	
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			Email	
For internal use				
	_			
CRA registration number	Engagement Dep	_		
SDG	Sector			
Diversity-1 Diversity-2		Diversity-3	3	
2				
Name of the organization*			Amount*	
Project				
Please provide the following information if available				
Civic number, Street, Office	City	Postal code	Province	
Phone				
r nong				
CEO or person acting as such within the organization	Title		Email	
5_5 S. poroon doing do odon within the organization				
For internal use				

Diversity-2

Sector

Diversity-3

SDG

Diversity-1



SECTION 5. BENEFICIARY IDENTIFICATION (CONTINUED)

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 Dep	t's recommendation	_	
SDG		Sector			
Diversity-1	Diversity-2		Diversity-	3	
Name of the organization*				Amount*	
Project					
Please provide the following information if available					
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CEO or person acting as such within the organization For internal use	ı	THE		Lman	
CRA registration number		Engagement Dept's recommendation		_	
ONA registration number					
SDG		Sector			
Diversity-1	Diversity-2		Diversity-	3	
			To	otal	
TION 6. COMMENTS AND SPECIAL INSTR	UCTIONS				
TION 7. AUTORIZATION					
orize the Foundation of Greater Montréal to d	listribute grants	as indicated in sec	tions 4 and 5 on b	ehalf of the Fund	
	listribute grants	as indicated in sec	tions 4 and 5 on b	ehalf of the Fund	
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orize the Foundation of Greater Montréal to d	listribute grants	as indicated in sec	_	ehalf of the Fund	
orize the Foundation of Greater Montréal to diffed in section 2. Name of the authorized person*	listribute grants		_	ehalf of the Fund	
orize the Foundation of Greater Montréal to d fied in section 2.	distribute grants		_	ehalf of the Fund	

Foundation of Greater of Montreal 505, René-Lévesque Bivd West, suite 1000, Montréal (Québec) H2Z 1Y7 Tél. 514-866-0808 – Téléc. 514-866-4202 www.fgmtl.org