



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 RECOMMENDATIONSWould 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

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



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. 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)
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For internal use

Approved by: _____

Date: _____