



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 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. DISTRIBUTION TO FGM PROGRAMS

Grant to the following initiatives:

Collective Fund for Social Equity *Amount* _____
Funding aiming to support the emergence and maintenance of collective spaces, places, and resources that enable marginalized communities to come together, mobilize, and build solidarity.

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

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

_____ *Amount** _____

*Name of the organization**

Project _____

Please provide the following information if available

_____ *City* _____ *Postal code* _____ *Province* _____

Civic number, Street, Office

_____ *Phone* _____

_____ *Title* _____ *Email* _____

CEO or person acting as such within the organization

For internal use

_____ *Engagement Dept's recommendation* _____

CRA registration number

_____ *Sector* _____

SDG

_____ *Diversity-1* _____ *Diversity-2* _____ *Diversity-3* _____

2

_____ *Amount** _____

*Name of the organization**

Project _____

Please provide the following information if available

_____ *City* _____ *Postal code* _____ *Province* _____

Civic number, Street, Office

_____ *Phone* _____

_____ *Title* _____ *Email* _____

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SDG

_____ *Diversity-1* _____ *Diversity-2* _____ *Diversity-3* _____

