

EMERGENCY DONATION REQUEST FORM



Please make sure all information is clearly printed. Complete all sections of the application. Incomplete applications will not be considered. If additional space is needed, summarize on the application form and attach additional sheets as required. Requests are reviewed on an ongoing basis.

APPLICANT INFORMATION

Name of Applicant: _____

Full Mailing Address: _____

Date of Application: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Email Address: _____

FUNDING INFORMATION

Please describe in detail the unique or extenuating circumstances that you are experiencing and for which you are seeking an emergency donation from the Painted Hand Community Development Corporation (PHCDC). Unique or extenuating circumstances may include such things as a life threatening illness, loss of residence due to fire, or other emergency circumstances. If additional space is required, attach additional sheets with the information included.

If your application is approved, how will the donation proceeds be used?

Amount requested from the PHCDC: \$ _____

The PHCDC may, at its discretion, award up to a maximum of \$2,500.00 based on individual applications.

Has funding or other resources been provided or made available to you in relation to your circumstances from any other source? If so, please describe the funding or resources provided and from whom they were provided or made available to you.

Have you received funding from the PHCDC in the past?

Yes

No

If yes, please describe the funding provided and the date upon which such funding was provided to you.

How will the contribution, if any, provided by the PHCDC be recognized?

DECLARATION

On behalf of the Applicant, I hereby represent, warrant and certify the following:

- That the information contained in this application is true and correct;
- That I hereby authorize any duly appointed representatives of the PHCDC to obtain from and share with such persons or organizations, public or private, any information necessary to complete their assessment of my application; and
- I hereby provide my authorization and consent for the PHCDC to utilize any information contained in this application, along with any photographs provided by me for use in conjunction with their operations including the preparation of their annual report, or any other related public disclosure.

Name of Applicant

Name of Witness

Signature of Applicant

Signature of Witness

Date

Date

SUBMISSION

Applicants are required to submit **one (1) signed copy** of the completed application care of the following address:

Attention: Laurie Blackbird – General Manager
Painted Hand Community Development Corporation
21 Bradbrooke Avenue North – Suite 2
Yorkton, Saskatchewan S3N 3R1

e-mail to: laurie@paintedhandcdc.com

Applications may be submitted to the PHCDC office in the following manner:

- in person;
- by electronic submission (email); or
- by mail.

Please keep a signed copy of the completed application for your records. All applications submitted will become the confidential property of the PHCDC upon their submission.