



Funding Request Form



Request Made By:

COUNTRY		
CONTACT NAME		TITLE
ADDRESS		CITY
TELEPHONE	FAX	EMAIL

Organization to Receive Funds:

ORGANIZATION NAME		
KEY CONTACT NAME		KEY CONTACT TITLE
ADDRESS		CITY
TELEPHONE	FAX	EMAIL

NAME OF PROJECT/ PURPOSE	IS IT BRIGHT FUTURE ALIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT DESCRIPTION (HISTORY, ACTIVITIES, GEOGRAPHIC LOCATION)	
COMPETITORS INVOLVED IN THIS PROJECT IF ANY	
WHO ARE OTHER SPONSORS CONTRIBUTING TO THIS PROJECT	

IS SCOTIABANK THE ORGANIZATION'S CURRENT BANKER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF COMMERCIAL BANKING CONTACT: IF NO, NAME OF ORGANIZATION'S FINANCIAL INSTITUTION:	
HAS A SCOTIABANKER OR THE FAMILY MEMBER OF A SCOTIABANKER BEEN INVOLVED WITH THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF SCOTIABANKER: IN WHAT CAPACITY?	
WILL SCOTIABANK STAFF BE INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE DESCRIBE:	<input type="checkbox"/> BRIGHT FUTURE CRITERIA CHECKLIST ATTACHED
WHAT ARE THE EXPECTED LOCAL RESULTS FROM SCOTIABANK INVOLVEMENT:	
RISKS TO OUR INVOLVEMENT:	STEPS TAKEN TO MINIMIZE RISKS
ADDITIONAL COMMENTS	

Funding Information

AMOUNT REQUESTED FROM CORPORATE DONATIONS?	CURRENCY:
IS THIS A ONE-TIME OR MULTI-YEAR COMMITMENT?	
IF IT IS A MULTI-YEAR COMMITMENT, OVER HOW MANY YEARS AND WHAT IS THE TIMING OF THE PAYMENTS?	
ANNUAL LOCAL FUNDRAISING GOAL FOR THIS PROJECT:	
AMOUNT PROVIDED FROM LOCAL BUDGET:	CURRENCY:
TOTAL PERCENT OF FUNDING COMING FROM SCOTIABANK %	
COUNTRY CHARITABLE DONATIONS BUDGET:	% OF CHARITABLE DONATIONS BUDGET ALREADY COMMITTED:
DATE SUBMITTED	APPROVED BY

For Internal Use Only

DATE RECEIVED
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED