

Request Made By:

ORGANIZATION		
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 FOUNDATION 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 FINACIAL 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?
<input type="checkbox"/> FOUNDATION CRITERIA CHECKLIST ATTACHED
ADDITIONAL COMMENTS

For Internal Use Only

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