

The Lorne and Evelyn Johnson Foundation
#2 – 2700 Montague Street (River Heights Mall) Regina, Sask. S4S 0J9

1 Date of Application: _____ Received: _____

2 Amount of Application: _____

3 Name of Organization: _____

4 Organization address (office): _____

City: _____ Postal Code: _____

5 Name of contact person: _____

Contact address (if different): _____

City: _____ Postal Code: _____

Telephone (day): _____ (evening): _____

6 Department, faculty or division: _____

7 Incorporated: No Yes since: _____

8 Department of National Revenue Taxation Charity Registration number:

9 Principal objects of organization: _____
_____ (Attach a brief outline, including history and background, if necessary)

10 Directors and officers: (List separately if necessary)

11 Relationship to United Way:
(or similar body, attach outline if necessary)

12 Principal source of funding:
(government or private, outline if necessary)

13 Is request part of a fund-raising campaign

No

Yes

go to 14

14 Campaign objective

15 Other funding

No

Yes

go to 16

16 Sources

17 Type of application

capital grant

major equipment grant

special grant

Application is to be signed or countersigned by organization's Chief Executive Officer.

Organization making application: _____

by: _____

Chief Executive Officer

Please provide 9 copies of this application form and all supplemental material requested by the Foundation to:

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