

# Allegra Hamilton FootPRINT Fund Application

Application must be complete to be eligible for a FootPRINT Fund award.

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary contact \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Years organization has been in existence \_\_\_\_\_

Primary purpose of organization \_\_\_\_\_

Please attach a copy of your most recent brochure or other descriptive information, as well as documentation of nonprofit status.

Value of print services requested (\$1,000 maximum) \_\_\_\_\_

How would these printing services benefit your organization/association? Use additional sheet if needed.

\_\_\_ Create a new print communications piece. Briefly describe purpose (i.e. enhance image, describe particular program, etc.).

\_\_\_ Support existing, but underfunded project. Briefly describe.

Have we supported you in the past? Y / N

Date: \_\_\_\_\_ Nature of Support? \_\_\_\_\_

What amount of your annual budget is used for printing? \$ \_\_\_\_\_ and \_\_\_\_\_ %

What are your organization's major funding sources?

Source	%	Source	%
_____	_____	_____	_____
_____	_____	_____	_____

Certification: I certify that the information contained in this application is true and correct to the best of my knowledge, and that I have the authority to request funds for the organization named above.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title/position within organization \_\_\_\_\_

Return materials to: Allegra Hamilton, c/o FootPrint Fund, 255 York Blvd., Hamilton, Ontario L8R 1Y7.