

Proposal Cover Page

Organization Information

Organization Name:

Address:

City:

Province:

Postal Code:

Phone:

E-mail:

Website:

Primary contact for organization (Executive Director or equivalent):

Title:

Phone:

Extension:

E-mail:

Are you a registered Canadian charitable or non-profit organization? yes no

Charitable registration number (if applicable):

Organization vision and mission statements:

Year established:

Geographic area served:

Imagine Canada's Standards Program offers accreditation to charities and non-profits that can demonstrate excellence in five key areas. Is your organization accredited, or working towards accreditation?

Is your organization funded by United Way Centraide? yes no

Project Information

Primary project contact:

Phone:

Extension:

E-mail:

Contact's Title:

Project Title:

Brief Project Description (2 – 3 sentences):

Fundraising goal for this project or campaign: \$

Funding request: \$

Event date (if applicable):