SEARIC Project Funds Request Form

(To be submitted to Board members approximately four weeks prior to a request for assistance)

Project Name ____

SEARIC Board Member(s) [AGENT] responsible for Project Oversight ______________________

Contact Information on Institution & Person with On-Site Responsibility ___________________

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Description of Project – (includes timetable for feedback to SEARIC Board)

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Benefits of Project to Community, Recipients & SEARIC

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SEARIC Funds Requested $___________ **Estimated Total Cost of Project $** ___________________

Cheque to be made Payable to: ____

Complete Mailing Address ____

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Funds to be allocated for: ____**Children;** ____**Student(s);** ____**Family;** ____**Community;**

____**Vocational;** ____**Institution; Other**___________________

**** Please be advised that AGLC's form 5507 must accompany your application; see link below.**
https://aglc.ca/sites/aglc.ca/files/aglc_files/Gaming_Proceeds_Recipient_Agreement__5507_.pdf

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Approved **Yes / No** **(To be completed at SEARIC Board Meeting)** **Declined** **Yes / No**

Amount Allocated for Project $_________ **BOD Approval Date** _____________________

Funds from: ____**Operating Account; Casino Account** ____**Canadian** ____**Outside Canada**

Date Funds Disbursed _______________________ **Cheque No.** _______________________

APPROVED:

_______________________________ _______________________________

President **Treasurer**