SEARIC Project Funds Request Form

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

SEARIC Fiscal Year January 1st, 2025 - December 31st, 2025

Project Name _____

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

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

_____

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 _____

_____

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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