

Application to Become a Beneficiary of a

Concert Performed by Margaret's Choir

1. Legal Name and Mailing Address of Applicant Organization:
2. CRA Charitable Registration Number:
3. Representative(s) of Organization (please include name, position in the organization, email, telephone)
4. Please describe the purpose of the organization and its major activities:
The trade describe the parpose of the organization and the major describes.
5. Do any of your activities take place outside of Winnipeg and its surrounding area? (Yes / No)
If yes, please elaborate:
6. Please describe how you intend to use the funds raised by the Margaret's Choir concert?
7. In what way(s) will the funds raised be used to support your clients (individuals, families, or community) to become self-reliant? What impact do you hope the project will have (e.g. number of people assisted; what difference will the project make to the community)?
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8. Is the activity/project dependent on on-going funding? What other sources of funding do you this activity? How much are you expecting to receive this year from other funders?	have for
9. Do you expect to use any of the funds received from the concert to pay adminstrative expensis the nature and amount of those expenses?	ses? What
10. The beneficiary of a Margaret's Choir concert is asked to perform certain tasks (providing 10 on concert day to take tickets and help guests to their seats; designing and printing tickets, pos concert programs; participating in publicity activities; accounting for all concert revenue and ex and reporting on these). Will your organization be able to perform all of these? If not, which m challenge to you?	ters and penses
11. To the best of your knowledge, is anyone in Margaret's Choir also involved in your organization? (Yes / No)	
If yes, name of person in Margaret's Choir:	_
12. Have you ever applied to be a beneficiary of a Margaret's Choir concert in the past? If yes, when?	
I certify that the information given on this form is, to the best of my knowledge, correct, complete and curre	nt
Signature	
Name (please print): Position in organization:	
Date:	