

## Applicant Information and Authorization Form – Sustaining Midsized Program

Organization Name:					
Organization Address:					
City:		Province:		Postal Code:	
Contact Name:			Position:		
Phone Number:			Email:		
Website:					
Incorporation #:			Charitable Registration #:		

**Funding Request** Provide the day/month/year for the year-end of the fiscal year(s) for which you are seeking funding:

Request Year 1:		For year ending:	
Request Year 2:		For year ending:	
Request Year 3:		For year ending:	

### Eligibility Requirement

Eligibility for the Sustaining-Midsized Program requires the applicant to have ongoing paid professional artistic, curatorial and/or administrative staff. By signing this document, you are confirming your organization meets this eligibility requirement.

## Authorization for Application

On behalf of, and with the authority of, the above-mentioned organization, we certify that we have read and understand the Terms and Conditions set out herein. Further, we certify that the information given in this application for funding assistance is true, correct and complete in every respect.

	Signature	Name	Title
Senior Staff Person			
Board Chair/ Representative			

**Please complete, print and sign this form.** Then upload it as part of your online application at [www.stcatharines.ca/SCCIP](http://www.stcatharines.ca/SCCIP).

If you wish to send this form via mail, instructions on how to do so will be provided as part of the online application.