

**APPLICATION FOR AUTHORIZATION TO SOLICIT FUNDS**

under *The Charities Endorsement Act*

**ORGANIZATION INFORMATION**

1 (a) Name of Organization		Telephone
(b) Street Address	City	Province
Postal Code		
(c) Mailing Address (if different from above)		
(d) Incorporated Name	Incorporation Number	Jurisdiction
(e) Revenue Canada Charitable Donation Registration Number (if applicable)		
2 How is Organization Governed? (Board of Directors, Administrative Committee, etc.)		
3 Officers:		
Name/Position	Address	Area Code/Telephone Number
<p><b>List objectives of organization and outline what the funds to be raised will be used for:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>		

FUNDRAISING INFORMATION

5 Proposed dates for Fundraising (maximum 12 months)

FROM: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

TO: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

6 List fundraising activities:

Telesoliciting

Direct Mail

Door-to-Door

Other: \_\_\_\_\_  
\_\_\_\_\_

7 (a) Will anyone receive pay or commission for soliciting or collecting:

Yes

No

If yes to 7 (a), approximately how many? \_\_\_\_\_

If yes to 7 (a), provide details \_\_\_\_\_

8 (a) Are you using a professional/promotional agency for any part of the fundraising?

Yes

No

(b) If yes, to 8 (a), please provide the following information:

Name of Agency and Contact Person

Address

Telephone

\_\_\_\_\_  
\_\_\_\_\_

(c) If Yes to 8(a), have you ENCLOSED a SIGNED and DATED copy of the AGREEMENT between your organization and the professional/promotional agency

Yes

No

(d) If no to 8(c), explain. **Authorization will not be granted** without a copy of the agreement.

\_\_\_\_\_  
\_\_\_\_\_

9 (a) Has your organization used a professional / promotional agency in the past?

Yes

No

(b) If yes to 9(a), have you submitted their FUNDRAISER REPORT?

Yes

No

(c) If no to 9(b), explain. **Authorization will not be granted** until all outstanding reports have been submitted.

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL REPORTING**

10 Estimated Gross Proceeds	\$ _____
Estimated Costs	\$ _____
Estimated Net Proceeds	\$ _____
Percentage of Proceeds spent in Manitoba	_____ percent
Percentage of Proceeds spent in Canada	_____ percent

**PLEASE ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT TO THE APPLICATION.**

**CONTACT INFORMATION**

12 Last Name	First Name	Position	Area Code/Telephone
Address	City	Province	Postal Code

**(TWO SIGNATURES WITH SIGNING AUTHORITY REQUIRED BELOW)**

WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature (print name) (position) (area code/telephone number)

\_\_\_\_\_  
Signature (print name) (position) (area code/telephone number)

Please return completed form to:

**Consumer Protection Office  
Healthy Living, Seniors and Consumer Affairs  
302 - 258 Portage Avenue  
Winnipeg, Manitoba R3C 0B6  
Telephone: (204) 945-3800  
Toll free: 1-800-782-0067  
Fax: (204) 945-0728  
E-mail: consumers@gov.mb.ca**

**Note:**

Information is being collected under the authority of *The Charities Endorsement Act* and will be used to consider this application to solicit funds. If you have any questions about the application, please contact the Consumer Protection Office at (204) 945-3800.