Schedule A
Village of Haines Junction
Donated Refundables Fund Application Form

Organization: _____

Contact Name: _____

Contact Position: _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

Purpose of Organization: _____

_____

Describe what the funding will be used for: _____

_____

Describe the arts, cultural and/or recreational benefits to the community: _____

_____

_____

How long has your Organization existed: _____ How many members do you have: _____

Provide any additional information regarding your eligibility: _____

_____

Please provide a copy of your financial statement (attached at Pages 2 and 3).

_____ _____

Contact/Applicant Signature Date

Village Use Only

☐ The Board recommends that the applicant is ELIGIBLE as a Donated Refundables Fund recipient.

☐ The Board recommends that the applicant is INELIGIBLE as a Donated Refundables Fund recipient.

Comments: _____

Date of Council Meeting: _____

Council Motion # _____ Council Decision: _____

Income/Expenses for Last Year/Season

Income

Total Income	

Expenses

Total Expenses	

Surplus / Shortfall _____

Proposed Budget for This Year/Season

Income

Total Income	

Expenses

Surplus / Shortfall