

ANNEX A

SECTION A - ORGANIZATION'S INFORMATION

Name of organization: *Sisters by Choice*

Mailing Address: *391 Marten Lk Road, Marten River, ON P0H 1T0.*

Telephone number: *705-892-2154.*

Fax or Email: *nortinmalbrecht@gmail.com*

Contact Person Name: *Tina Malbrecht*

Contact Telephone Number: *705-892-2154* Email: *nortinmalbrecht@gmail.com*

SECTION B - APPLICATION SUMMARY

Is your request for: 1 activity / Event *weekly activity*

Note that only one donation will be given per application / organization per year.

Amount Requested: \$

Name of activity or list of activities: *social gatherings, fundraising event.*

Description of activity / activities' summary: *card playing, bingo, social, craft making etc.*

Start date / End date of activity / List of dates: *Sept 2023 - May 2024*

Location of activity / activities: *Marten River Fire Hall*

Is admission free? Yes / No, the admission fee is: \$

Describe how the Municipality will be recognized during your event(s):

Municipality will be recognized through advertising of any fundraising events.

If the amount given to the organization is more than \$500.00, they are required to submit a report of how the money was spent.

If applicable, the organization consents to sending a report to The Municipality of Temagami Council:

Yes / No.

Catherine Malbrat
Signature of applicant

Nov 10 / 23
Date