



## HOST FIRST NATION REQUEST TO DONATE PROCEEDS

## OUTSIDE OF CANADA

# This form must be submitted and approved for all donations outside of Canada.

Return this form to: Regulatory Services 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 Toll-Free: 1-855-506-1066 / Fax: 780-447-7505

Donations outside of Cana	ada are limited to a maximum of \$50,000 or 2.5% of the Proceeds earned the p	revious calendar year.
•	eeds Outside of Canada (Form 4484) must be completed and submitted for approutside of Canada, must provide the following information with the request:	oval. In addition, groups requesting to
	ement signed by the recipient group stating the recipient group will:	
	ain a record of donations showing the date, amount and source of donated fund	s received, as well as the date, amount
	rpose of all disbursements of donated funds; and	
	the AGLC access to all records, including those at any financial institution and t	o make copies of such records and/or
	e them for further examination.	
A Statutory Decl	aration (Form 5503) sworn by an executive member of the donor group.	
ORGANIZATION NAME		
Name:		I.D.#:
Address:		
	City/Town	Postal Code
	<b>ES</b> Iformation and documents supplied are correct, and the group has authorized nd make copies of all records relating to this request and/or licence. This inclu	
any financial institution(s	).	
Executive #1 Signature	:	_
Print Full Name:		
Gender	Male Female Non-binary Prefer not to disclose	_
Position Held:		
Mailing Address:		
Maning Address.		
		Postal Code
Contact Phone:	Email:	
Executive #2 Signature	:	
Print Full Name:		_
		_
Gender	Male Female Non-binary Prefer not to disclose	
Position Held:		
Mailing Address:		
		Deside Contra
	Freedly	Postal Code
Contact Phone:	Email: l	
	EARNED IN PREVIOUS CALENDAR YEAR \$	
REQUESTED AMOUNT OF	DONATION FROM GAMING REVENUE	

### Donations outside of Canada

Groups requesting to donate gaming proceeds outside of Canada must provide the following information with the request:

- □ A Recipient Agreement signed by the recipient group stating the recipient group will:
  - a) Maintain a record of donations showing the date, amount and source of donated funds received, as well as the date, amount and purpose of all disbursements of donated funds; and
  - b) Allow AGLC access to all records, including those at any financial institution, to make copies of such records and/or remove them from further examination.
- A Statutory Declaration (Form 4503).
- **D** Total detailed budget for project, including identifying gaming proceeds allocation.

PROJECT INFORMATION		
Project Title:		
Location:		
	Village/District/Province	Country
Anticipated Start Date:	Anticipated Completion Date:	Total Cost of Project:
		\$
Project Objectives (attach buc	lget specifying use of funds):	
RECIPIENT INFORMATION (Gro	oup and Person Responsible for Project i	n Recipient Country)
Group Name:		
Contact Person:		
Mailing Address:		
Contact Phone:	Email:	
BRIEFLY DESCRIBE THE RECIP	IENT GROUP'S ACTIVITIES (use additional	sheets if necessary)
	roup that may be responsible for the /address and contact telephone number Addre	
For Official Use Only		
Approved		
Not Approved		Signature:
Incomplete	Date:	
Comments/Conditions:		

#### **Protection of Privacy**

The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta *Protection of Privacy Act*. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at <u>privacy@aglc.ca</u> or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.