Fundacja
Dziedzictwa Polskiego
w Kanadzie

Polish Heritage
Foundation of Canada
Inc.

P.O. Box 81008, STN-B
Ottawa, ON   K1P 1B1

AWARDS

Reference No:

The main goals of the Polish Heritage Foundation of Canada are:
* **to support institutions whose purpose is to provide instruction and learning**
  opportunities of Polish Language and culture;
* **to educate about and promote appreciation of Polish heritage among the public by**
  sponsoring literary, musical and other educational and cultural events;
* **to provide financial assistance and scholarships to students of Polish descent;**
* **to provide financial assistance, teachers, researchers and other individuals pursuing activities**
  related to the advancement of Polish language and culture in Canada.

GUIDELINES/ACCOUNTABILITY:

- **What the Foundation does not fund: Capital expenditures; Political organizations; Grants to non-Canadian charities; Profit-making projects.**
- **The recipient is responsible to ensure that the provided funds are expended on the approved project in accordance with the submitted budget.**
- **The recipient must submit a post-event report, complete with invoices substantiating the expenditures incurred, to the Foundation within 30 days of completion of the project.**
- **The recipient is responsible for recognizing and acknowledging the Foundation's financial support during the project and in any promotional publications, posters and event programs.**

==
APPLICATION FORM
(Please PRINT and complete **Sections I, II & III** in full)

Section I: Date:_____

Name of Individual or Organization:_____

Name of Contact: _____

Address:_____

City, Province:_____ Postal Code:_____

Telephone: (   )_____

Email address: _____

===

Section II: Please state and/or provide the following, where applicable (use a separate sheet if necessary)

A. Work plan including objectives:

B. Budgetary plan (including other sources of revenue):

===

Section IV: **FOR FOUNDATION USE ONLY:**

Date received:_____

Evaluation Committee Members:

Comments:

Approved   ⏴   Not approved   Amount: $_____   Treasurer: [_____]

-- --------------   --
PHF President   date   Chairman, Evaluation Committee