SACOMSS Discretionary Funding Application

SACOMSS has discretionary funding available for groups, events, and other projects that are aligned with our mandate. Please see our website ([www.sacomss.org](http://www.sacomss.org)) for more information. Email [finance@sacomss.org](mailto:finance@sacomss.org) with any questions or concerns.

# General Application Information

**Application Date (DD/MM/YYYY):**

**Name of project, organization, or group applying:**

**Description of the project or event:**

**Website, Facebook link, or other online link for the event or project (optional):**

**What are the goals and aims of the project or event? Please include the duration of the event/ project.**

**How does the project relate to SACOMSS' work and mandate?** *Please see sacomss.org for descriptions of what we do and our mandate. The funding request does not need to be related to sexual violence, but it must be aligned with our anti-oppressive mandate.*

# Event Information

*This section is only required if you are requesting funds for an event, not for project proposals.*

**Date of the event (DD/MM/YYYY):**

**Estimated number of participants:**

**Is the event location wheelchair accessible?**

**How are you working to make the event more inclusive and accessible?**

# Finances

**Provide an outline of event/project budget.** *Please include estimated expenses and revenues in dollar amounts, not just expense types. You can attach this budget as a PDF, Excel, or Word Document.*

**Are you applying to funding from other organizations or sources?**

**Have you faced any barriers in applying for funding?**

**Total amount requested from SACOMSS:**

*Optional explanation for requests greater than $500.*

**Who should the cheque be made out to?** *This is the name that will be written on the cheque. We cannot fund individuals, only registered organizations.*

**Address for the cheque to be mailed.** *If you intend to pick it up from the SSMU office, write PICK UP.*

# Applicant Contact Information

**Contact name:**

**Email address**:

**Contact phone number:**

**Suggestions for improving SACOMSS' application and funding process.**

**Other comments:**