



BC FERRY & MARINE WORKERS' UNION

Donations and Sponsorship Application

Date: _____

Legal Organization Name (Payee): _____

Mailing Address: _____

Event Name: _____

Amount Requested: _____

Contact Name & Email/Phone: _____

(Please attach a separate document if needed)

Organization details (100 words maximum)

Please provide more information about your organization's purpose, and specify the type of activities undertaken (e.g., health advocacy; environmental, social justice; arts; political action; community services; child care; etc.)

Project or Event Details (100 words maximum)

Please provide more information about the project or event for which you are seeking funding.

Funding Request Details

1) Is this a donation? Or a sponsorship request? Donation Sponsorship

2) If a sponsorship, please provide details of sponsorship benefits:

3) Have you received a donation or sponsorship support from BCFMWU within the past three years? If so, please specify project, contribution amounts, and the date(s) received:

Donation/Sponsorship Criteria

- 1) Minimum shared basis of unity between our Union and your organization:
Is your organization pro-union? Yes
No
Does your organization have a historical alliance with labour unions? Yes
No

Does your organization have shared goals or interests with our Union? Please explain:

- 2) Is your organization connected to groups or organizations that oppose our Union’s interests, or our member’s interests?
Yes
No

- 3) Are your organization’s issues and events associated with our Union? Or are they issues/events our Union supports through general or specific policy?

- 4) Is your organization willing to reciprocate support for our members on issues of importance to BCFMWU members?

Financial Description

Please provide a description of how our contribution will be used. (Please attach a separate document if needed)

RETURN PROPOSALS BY EMAIL TO: mailroom@bcfmwu.com
OR BY MAIL TO: BC Ferry & Marine Workers’ Union, 1511 Stewart Avenue, Nanaimo, BC V9S 4E3

FOR INTERNAL USE ONLY:

Staff Recommendation: _____

Secretary Treasurer Approved / Denied: _____ If approved – budget code: _____

If denied: reason, or up for reconsideration next year: _____

Any further comments:
