

Veren Community Investment Application for Funding

1. Name of Applicant/Organization/Agency:

2. Address:

3. City:

4. Province

5. Postal Code :

6. Contact:

7. Telephone:

8. Email:

9. Website:

10: Social Media (if applicable):

10: Contact with Veren?

If yes, Name of Contact:

11. Name of Project/Fundraiser:

12. Project/Fundraiser Description:

13. Amount of Funding Requested:

14. One time Funding?

15. Multi Year Funding?

16. Date Funding Require by:

17. Date Funding to be fully utilized by:

18: Type of Organization/Agency:

19. Organization/Agency Information:

Board of Directors?

Volunteers?

Number of Board Members:

Number of Volunteers:

19. Veren proudly focuses it's corporate giving supporting three main areas. Which of the following target areas does your project fall into? Check all that apply:

Education

Community Infrastructure

Health, Safety & Environment

In Order to be eligible to receive funding from Veren, an organization must:

(Note: All of the points listed below must be present in an organization in order to receive funding)

- **Be located in and serving a community where Veren (formerly Crescent Point) does business**
- **Be a Registered Charity which is eligible to issue official tax receipts for donations or an established non-profit community organization**
- **Be able to demonstrate financial and operational accountability for funding received**

Funding will NOT be provided in support of any of the following:

- **Individuals**
- **Religious Organizations**
- **Third-Party Organizations**
- **Professional conventions, conferences or seminars, unless industry related**
- **Travel for individual groups; or**
- **Political events**

20. Certification: I believe the information in this proposal to be true and certify that the individuals or organizations involved with this proposal will not benefit financially directly through the funding of this project.

Position:

Name:

Date:

Supplementary Information

Veren will determine projects to fund and the amount of funding based firstly on eligibility as it relates to the questions above in addition to the positive impact the project will have within the communities where it operates. To help us evaluate your proposal, please answer the following questions as accurately as possible. Some questions may not apply to your situation or request. If a question does not apply please mark the appropriate area as N/A.

Which municipality (e.g town, village, MD) is your

Which municipalities/communities is your project targeted to benefit?

Community:

Proposed Benefit:

What demographics are you targeting?

Children

Youth

Families

Elderly

All

Estimate the frequency in which people will benefit.

One time

Monthly

Annually

Other

Please specify:

GOALS

Provide a general statement of what this project is trying to achieve.

NEED

Provide a General Statement of the need this project is fulfilling within the community(s).

RESOURCE

Provide the current total project budget and list any other fundraising strategies your organization is involved with for this project.

OUTCOMES

Provide a statement of what impact this project is expected to make in the short and long term

INDICATORS OF SUCCESS

Provide a statement and a list of measurement tools (example; surveys, focus groups, personal interviews, usage counts), to be used to measure the impact of the project.

FINANCIAL ACCOUNTABILITY

Provide a description of how you will track expenditures and be able to show financial accountability for the project. Example financial statements, invoices etc

If the project/fundraiser includes a sponsorship package with detailed information and levels of sponsorship, please include with this completed application form.

Please email your completed request via email to communities@vrn.com.

We will review your request and reach out if any further information is required.

Thank you.