



This form may be obtained from our website:

www.aglc.ca

# HOST FIRST NATION REQUEST TO DONATE PROCEEDS OUTSIDE OF CANADA

**This form must be submitted and approved for all donations out 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 Canada are limited to a maximum of \$50,000 or 2.5% of the Proceeds earned the previous calendar year.**

A Request to Donate Proceeds Outside of Canada (Form 5484) must be completed and submitted for approval. In addition, 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:
  - 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
  - Allow the AGLC access to all records, including those at any financial institution and to make copies of such records and/or remove them for further examination.
- A Statutory Declaration (Form 5503) sworn by an executive member of the donor group.

## ORGANIZATION NAME

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code

## SIGNING AUTHORITIES

**WE CERTIFY THAT:** all information and documents supplied are correct, and the group has authorized us to make this request. Any AGLC Inspector may examine and make copies of all records relating to this request and/or licence. This includes the approved bank account(s) at any financial institution(s).

**President Signature:** \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
( ) ( ) ( )

**Treasurer Signature:** \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
( ) ( ) ( )

**NET GAMING REVENUE 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 5503).
- 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 budget specifying use of funds):

\_\_\_\_\_  
\_\_\_\_\_

**RECIPIENT INFORMATION (Group and Person Responsible for Project in Recipient Country)**

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: ( ) Business Phone: ( ) Fax: ( ) Email: \_\_\_\_\_

**BRIEFLY DESCRIBE THE RECIPIENT GROUP'S ACTIVITIES (use additional sheets if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any other individual/group that may be responsible for the movement of funds before they reach their final destination.** Provide names/address and contact telephone number (use additional sheets if necessary).

Name	Address	Contact Phone #
_____	_____	_____
_____	_____	_____

**FOR OFFICIAL USE ONLY**

- Approved
- Not Approved
- Incomplete

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administration of all policies and processes relating to Host First Nation Charitable Gaming. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.