



Community Investment Donation Form

Skeena Resources Limited seeks to work with and support local communities in building partnerships and creating opportunities related to their Projects.

About The Organization Requesting Support

Name of Organization	Status
	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Registered Charity #: _____ <input type="checkbox"/> Other
Address	
Contact Name	Email Address
Telephone Number	Website
Partnerships	Overall fundraising target (if applicable)
Organization's Background/Mission/Mandate	

What is the primary focus of your organization? If other local organizations provide the same or similar services, please indicate how your program is unique.

About The Request

In order to support initiatives that build economic, social and cultural capacity as well as create a social and economic legacy in the communities where it operates, Skeena has identified the following as key funding areas:

- Community Education Arts, Culture and Language
- Community Wellness Other. Please specify: _____

How will this project address local community needs?

Details of Request

- Financial \$: _____ Event Participation (see below)
- Promotional Items
- Other. Please specify: _____

If Event Participation selected above, please complete the following table:

Event Name	Event Date
Are advertising opportunities available for Skeena Resources?	
Other event details (website, etc.)	

For all requests, please complete following:

How many people will benefit **directly** from your efforts? Please provide a specific number: _____

How exactly will the funds you are applying for be used? (Describe the event, or list local projects/economic benefits. Be specific.)

Have you received funding Skeena Resources in the past? Yes No
 If so, how much and when?

Other Donations

Have you approached other organizations for support? Yes No

How much has been given by other sponsors? \$ _____

List your major contributors:

Have you planned any additional fundraisers? Please list:

Will this contribution provide any personal benefit to a government official? Yes No

Are any Skeena Resources employees actively involved in your organization? Yes No

If yes, please list their names and functions within your organization.

Do you measure the success of your project through set objectives and targets? If yes, would you be willing to share year end totals with Skeena Resources?

Please include your detailed budget, if applicable. Letters of support from current or past community officials are also recommended (i.e. Principal of school, Mayor, Chief, elected officials).

I certify that the information above is correct and that the contribution, if approved, would be used solely as described above.

Signature: _____ Date: _____

Internal Use Only			
Date Received:	Recommendation:	Approved By:	Approved Date: