## ELIGIBILITY REVIEW CHECKLIST

1. Organizations making a first time application or undergoing an eligibility review must complete the attached questionnaire and must provide the following information:

|  | Document | Yes |
| :--- | :--- | :--- |
| A copy of letters patent |  |  |
| A copy of the constitution and by-laws <br> For the purposes of eligibility the constituting documents of an organization must, as a <br> minimum, include the following: <br> The organization's name; <br> The organizations purpose and/or objects; <br> The organizations structure (i.e. chair, vice chair, treasurer, secretary); <br> A description of how an individual becomes a member; <br> A clause stating that the organization shall be carried on without purpose or <br> gain for its members; |  |  |
| $\qquad$A statement that upon dissolution of the organization, any remaining funds <br> will be given to eligible charitable organization; <br> A description of how the organization elects it's directors; <br> The effective dates of the organization; <br> The signature of officers who adopted the incorporating documents; <br> The signature of at least three of the organizations current directing officers, <br> certifying that the incorporating documents are current and still in effect; |  |  |
| A copy of the budget for the current year |  |  |
| A copy of the financial statement for the preceding year |  |  |
| A list of the Board of Directors |  |  |
| The latest report to the Public Guardian and Trustee |  |  |
| The charitable number for income tax purposes |  |  |
| A copy of the Notification of Charitable registration letter from the Canada Revenue Agency <br> with any supporting documentation indicating the applicant's status and terms of registration |  |  |
| Copies of the organizations charitable returns for the Canada Revenue Agency for the <br> previous calendar year |  |  |
| Detailed descriptions of the organizations activities |  |  |
| A copy of the annual report |  |  |
| Information regarding your Lottery Trust Account (see attached) |  |  |

## QUESTIONNARE RESPECTING APPLICANTS FOR LOTTERY LICENCE

1. Registered Name of Organization (as shown on Governing Documents):

Operating Name, if different: $\qquad$
Business Address:
Telephone Number: $\qquad$
Email Address:
Fax No.
Email Address. Website: $\qquad$
2. Is the Organization incorporated as a non-profit organization with Ministry of Consumer \& Business Services (Ontario)?
$\square$ Yes
No
Please provide registration date \& number:
3. Is the Organization registered with Revenue Canada as a charity? $\square$ Yes $\square$ No

Please provide registration date \& number:
4. How long has the Organization been providing services? $\qquad$
5. What category best describes the Organization?
$\square$ Advancement of Education
$\square$ Relief of Poverty
$\square$ Health and Welfare
$\square$ Advancement of Religion
$\square$ Other Charitable Purposes Beneficial to the Community: (Please specify sub-category $\sqrt{ }$ )

| _Culture \& Arts | - Health \& Welfare | - Amateur Sports Organizations |
| :--- | :--- | :--- |
| _ Enhancement of Youth | _ Public Safety Programs | _ Community Service Organizations |

6. Please list and describe the specific programs and services delivered by the Organization and associated cost (do not restate your mandate or mission statement):

## Services

## Costs

1. $\qquad$ 1.
2. $\qquad$ 2. $\qquad$
3. $\qquad$ 3. $\qquad$
4. $\qquad$ 4. $\qquad$
5. $\qquad$ 5. $\qquad$
6. Approximate total number of members in the organization: $\qquad$
7. Date of fiscal year-end $\qquad$ Please indicate last day of filing (date)
8. Does the Organization currently manage and conduct any gaming event (lotteries) within the City/Town of South Bruce Peninsula or other Municipalities?
$\square$ Yes $\square$ No

Please indicate type of gaming event and location (Municipality)
$\square$ Bingo $\qquad$ $\square$ Raffle* $\qquad$ $\square$ Break Open Ticket $\qquad$ - * Bazaars $\qquad$
*Please include name and address of Supplier registered under Gaming Control Act, 1992.
10. For the purpose of lottery licensing, all organizations must have a lottery frust account. Please complete the following information:

Name of Bank and Address:
Trust Account number:
Date Opened:
$\qquad$
11. Would you like to pick up the Licence?

Yes $\qquad$ Telephone Number: ) $\qquad$
No $\qquad$ If no, licence will be mailed out.

Contact Name and Mailing address:

## Designated Members in Charge

All Designated Members in Charge must be bona fide members of the organization and are required to complete this form

We, as active, bona fide members of $\qquad$
(organization)
hereby certify that as the incorporating documents are current and still in effect.
hereby certify that as the designated members in charge of the lottery for which this application is made, will be responsible for the management and conduct of the lottery in accordance with the terms and conditions under which the lottery license is issued. We, as bona fide members, have signing authority, hold a senior position with the organization and will be present at the lottery events. (In addition to the three bona fide members listed below, please include a list of six to eight names, including positions within the organization and telephone numbers (during the day) in order to deal with scheduling and unscheduled absences.)

| Print Name in Full |  |  |
| :--- | :--- | :--- |
| Title |  |  |
| Other Position(s) held in Organization |  |  |
| Home Address | Number and Street: |  |
|  | City and Province : | Postal Code : |
| Phone Numbers | Business : | Home : |
| Date |  |  |
| Signature |  |  |


| Print Name in Full |  |  |
| :--- | :--- | :--- |
| Title |  |  |
| Other Position(s) held in Organization |  |  |
| Home Address | Number and Street: |  |
|  | City and Province : | Postal Code : |
| Phone Numbers | Business : | Home : |
| Date |  |  |
| Signature |  |  |


| Print Name in Full |  |
| :---: | :---: |
| Title |  |
| Other Position(s) held in Organization |  |
| Home Address | Number and Street: <br> City and Province : <br> Postal Code : |
| Phone Numbers | Business : Home : |
| Date |  |
| Signature |  |

Names of additional volunteers: 1 . 5

| 2. | 6 |
| :--- | :--- |
| 3. | 7 |
| 4 | 8 |

## Designated Lottery Trust Accounts

Organizations licensed to conduct Lottery Events are responsible for keeping detailed financial records of all aspects of their lottery events. The proceeds raised from lottery schemes are public money which is to be held in trust by the organization for charitable purposes. It is the responsibility of all organizations to open and maintain a designated lottery trust account (or separate lottery trust accounts by type of lottery event) in Canadian Funds, which is (are) to be held at a recognized financial institution in the Province of Ontario.

The trust account(s) must:

- Be a chequing account;
- Require at least 2 authorizing signatures;
- Be held in the name of the licensee, in trust;
- Have duplicate deposits slips, with one copy kept for the licensee's records;
- Provide monthly statements; and
- Include either the return of cheques with the monthly statements or the return of electronically scanned images of the front and back of each cancelled cheque with the monthly statements
- It should be stated on the face of the cheques that it is a trust account

Organizations must ensure that all eligible expenses and disbursements of proceeds are by cheque and are supported by a receipt and copy of the cancelled cheque. Cash withdrawals are not permitted. Only funds directly related to the licensed event are to be deposited into your lottery trust account. All other funds are to be kept separate.

All records pertaining to your lottery trust account must be kept along with all other supporting documentation related to your lottery events for a minimum of four years.

