



COMMUNITY GRANT-IN-AID APPLICATION

Applications must be made in accordance with Regional District Policy C-2

Group Contact Information:	
Organization:	President/Contact Person:
Mailing Address:	Phone Number(s):
	Email:
	Fax:
Total Grant Requested: \$	Regional District Electoral Area Director:
Previous 3 years Regional District Grants Received:	
Applicant Profile:	
Overview of Organization's Programs and Services.	
Please attach current list of Directors or Executive of Organization: Attached: <input type="checkbox"/>	
List on File at Regional District: <input type="checkbox"/>	
Grant Application:	
What would this grant be used for? (Attach additional information if necessary)	
Other Revenue Towards Project/Purchase:	
What other revenue/in-kind works is available to be put towards this project/purchase?	
Attachments in Support of the Application (such as diagrams & background info):	
1. Non-Profit Society Registration	
2. Diagrams, background information, endorsements	
I understand that the information contained in this application may be made available for public viewing in accordance with the <i>Freedom of Information and Protection of Privacy Act</i>.	
_____ Signature (Organization President)	_____ Date