



**COMMUNITY GRANT-IN-AID APPLICATION**

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

<b>Group Contact Information:</b>	
<b>Organization:</b>	<b>President/Contact Person:</b>
<b>Mailing Address:</b>	<b>Phone Number(s):</b>
	<b>Email:</b>
	<b>Fax:</b>
<b>Total Grant Requested: \$</b>	<b>Regional District Electoral Area Director:</b>
<b>Previous 3 years Regional District Grants Received:</b>	
<b>Applicant Profile:</b>	
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"/>	
<b>Grant Application:</b>	
What would this grant be used for? (Attach additional information if necessary)	
<b>Other Revenue Towards Project/Purchase:</b>	
What other revenue/in-kind works is available to be put towards this project/purchase?	
<b>Attachments in Support of the Application (such as diagrams &amp; background info):</b>	
1. Non-Profit Society Registration	
2. Diagrams, background information, endorsements	
<b>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>.</b>	
_____	_____
Signature (Organization President)	Date