

City of Salmon Arm

Accounting for Grants-in-Aid

Date _____

Name of Organization _____

Contact Person _____

Phone Number _____

Email _____

Amount of Grant _____

How was this grant used?

_____.

How was the City of Salmon Arm acknowledged for this grant?

_____.

How is your organization working toward self-sufficiency?

_____.

Signature _____

Date _____

Position _____

Please send this form to: City of Salmon Arm Grants in Aid Program
Shuswap Community Foundation
P.O. Box 624
Salmon Arm, BC V1E 4N7
or drop off at 101 Harbourfront Drive NE

Note – This form must be returned before any further grants will be considered.