



SHUSWAP  
COMMUNITY  
FOUNDATION

**SALMON ARM**  
SMALL CITY, BIG IDEAS

Box 624  
102-160 Harbourfront Drive NE  
Salmon Arm, BC V1E 4N7  
Ph: 250- 832-5428  
Email:  
[info@shuswapfoundation.ca](mailto:info@shuswapfoundation.ca)

## CITY OF SALMON ARM - ACCOUNTING FOR GRANTS-IN-AID

Date: \_\_\_\_\_ Amount of Grant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this completed form to:

City of Salmon Arm Grants in Aid Program  
Shuswap Community Foundation  
PO 624  
Salmon Arm, BC V1E 4N7

or email: [info@shuswapfoundation.ca](mailto:info@shuswapfoundation.ca)

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