

District of Sicamous

Accounting for Community Service Grants



Date _____

Name of Organization _____ Contact Person _____

Phone Number _____ Email _____ Amount of Grant _____

How was this grant used?

How did this project benefit your organization?

How was the District of Sicamous acknowledged for this grant?

How is your organization working toward self-sufficiency?

Attach a Financial Report WITH receipts for the project.

Signature _____ Position _____ Date _____

Please send this form to: **District of Sicamous Community Service Grants**
Shuswap Community Foundation
P.O. Box 624 Salmon Arm, BC V1E 4N7

OR
email: info@shuswapfoundation.ca

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