

# *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?

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How did this project benefit your organization?

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How was the District of Sicamous acknowledged for this grant?

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How is your organization working toward self-sufficiency?

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**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**  
Drop off at 102 -160 Harbourfront Dr. NE  
Salmon Arm, BC (after July 3, 2017)

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