

COMMUNITY SERVICE GRANT APPLICATION FORM

Application to be submitted to: Shuswap Community Foundation
102 – 160 Harbourfront Dr. NE, Salmon Arm, BC, V1E 4N7

NAME OF ORGANIZATION:
MAILING ADDRESS:
CONTACT PERSON:
PHONE NUMBERS: Home: _____ Business: _____
CONTACT EMAIL:
CHARITY NUMBER OR BC SOCIETY NUMBER:

ORGANIZATION INFORMATION:

Organizational Goals, Objectives, Purpose:
Services Provided to the Community:
A profile and history of the organization and its accomplishments. (You may include attachment with this information)

Policy F-1 Community Service Grant

GRANT REQUEST:

<p>Amount of Request:</p> <p>\$</p>	<p>Purpose of grant and proposed allocation of funds: (You may include attachment with this information.)</p>
<p>In-Kind Services from District of Sicamous: (please include description)</p>	
<p>Benefits to community resulting from Grant or Local Government, Federal Gov't, Provincial Gov't Goals that will be met, if the Grant is approved. (You may include attachment with this information.)</p>	<p>Degree of community financial support and sponsorship: (You may include attachment with this information.)</p>

REQUIRED SUPPLEMENT DOCUMENT CHECKLIST:

- Most Recent Set of Financial Statements
- Budget for project and/or budget for organization
- Minutes of Most Recent ACM
- List of Members of Executive (Including positions held, mailing address and phone #)

<p>Date:</p>	<p>Signature of Contact Person:</p>
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Please mail completed application to:
 Shuswap Community Foundation
 Box 624, Salmon Arm, BC V1E 4N7

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of the Freedom of Information & Protection of Privacy Act for administrative purposes of the District of Sicamous. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information & Protection of Privacy Act and may only be used and disclosed as provided by that Act. Questions regarding the collection of personal information can be directed to the Administrator or FOI Coordinator, District of Sicamous, PO Box 219, 446 Main Street, Sicamous, BC V0E 2V0, dco@sicamous.ca, 250-836-2477.