

PO Box 190, #1 Opal Drive Logan Lake, BC V0K 1W0 T: 250-523-6225 F: 250-523-6678 E: <u>cforsyth@loganlake.ca</u>

GRANT-IN-AID APPLICATION

IDENTIFICATION OF APPLICANT				
Organization Name:				
Mailing Address:				
Years in Operation:		Society Registration Number:		
Contact Person:		Title:		
Address:				
Phone No:	Fax No:		Email:	
Name and phone number of two other officials in organization				
1. Name: Title: Phone No:		2. Name: Title: Phone No:		
GRANT INFORMATION				
Amount Requested:		Grant Category:		
Describe in detail the purpose of t		FOR REQUEST Aid request and how t	he community will benefit.	
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Please provide other information that may be pertinent to	your application.			
DOCUMENTATION REQUIRED (please provide copies of the following)				
Most Recent Financial Statement Most	Recent Detailed Budget			
Proof of Not-for-Profit in good standing				
DECLARATION				
The information contained in this application is true and correct to the best of my knowledge.				
Name (please print):	Title:			
Signature:	Date:			
OFFICE USE ONLY				
Approved: Not Ap	Not Approved:			

Notes:

- 1. Application for Grant-in-Aid must be received on or before March 31st.
- 2. Grant-in-Aid Applications are to be submitted to: District of Logan Lake, #1 Opal Drive, PO Box 190, Logan Lake, BC V0K 1W0, Attention: Finance Department.
- 3. More information may be requested and, where necessary, applicants may be requested to make a presentation on their application at a Council Committee meeting.
- 4. Not-for-profit groups who have received a discounted rate for rental of District facilities through bylaws are not eligible for further discounts through this Program.