

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

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:

REASON FOR REQUEST

Describe in detail the purpose of the Grant-in-Aid request and how the community will benefit.

Please provide other information that may be pertinent to your application.

DOCUMENTATION REQUIRED

Please provide a copy of the following:

Most Recent Financial Statement Most Recent Detailed Budget

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 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.



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**GRANT-IN-AID
- PROJECT COMPLETION REPORT -**

Successful applicants must provide detailed information addressing the following (use separate sheets if necessary):

1.0 Project Description

Organization Name: _____

Grant Category: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Fax _____ Email: _____

Attach copies of any published reports, promotional material, media publicity, pictures, or other documentation regarding the project. Please indicate how you acknowledged the grant assistance provided by the District of Logan Lake

Please provide a description of how the grant was used:

2.0 Project Outcomes

How did the project contribute to the District's overall health, quality of life, and/or well- being?

DECLARATION

The information contained in this report is true and correct to the best of my knowledge.

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____