Central Coast Regional District
Box 186, Bella Coola, BC V0T 1C0
Phone 250-799-5291 Fax 250-799-5750 email info@ccrd-bc.ca

APPLICATION FOR GRANT-IN-AID FUNDS
Year – 2012

GROUP NAME: _____

ADDRESS: _____

Contact Phone Number: _____

Are you a: (Yes/No) Society _____ Charity _____ Corporation/Company _____ Other _____

Registration Date: _____

GOALS/OBJECTIVES OF GROUP: _____

_____

_____

_____

AMOUNT OF GRANT REQUESTED: _____

PROPOSED USE OF GRANT FUNDS: (Include how this grant will serve the general public of the community – use separate sheet of paper if necessary) _____

_____

_____

_____

DO YOU CHARGE FOR PUBLIC USE OF YOUR FACILITIES OR SERVICES? Yes/No _____
(If yes, please provide details of user fee schedule)

_____

Does your group affiliate with or receive funding from any of the following: (Please provide details on reverse or separate sheet of paper) Yes/No

Prov/Fed Govt Agency _____ School District #49 _____ Churches _____ Other _____

Has your Group received funding from the Regional District in the past? Yes/No _____

If so, when: _____ **For what purpose:** _____

How much: _____ **Was the project or purpose realized? Yes/No** _____

_____

Date Signature (Please print name) Position