



GRANT-IN-AID APPLICATION

Fraser Valley Regional District, 45950 Cheam Ave, Chilliwack BC, V2P 1N6

Applicant Name: _____

Mailing Address: _____

Email Address(es): _____

Contact(s): _____

Name

Telephone/Fax Number

Name

Telephone/Fax Number

Statement as to eligibility to apply for Grant-In-Aid Funds (Please attach a separate sheet if required):

APPLICATION SUMMARY:

Project or purpose for which you require assistance (Please attach a separate sheet if required):

Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required):

Amount of Grant Requested: \$ _____

To the best of my knowledge, all the information that is provided in this application is true and correct. Furthermore, I hereby certify that this application for assistance is NOT being made on behalf of an individual, industry, commercial or business undertaking.

Signature of Authorized Signatory and Title

Amount Approved:

Date: _____

Signature of Electoral Area Director