

Applicant Name: Hope & District Arts Council
Mailing Address: P.O. Box 546
Hope BC V0X 1L0
Email Address: *NEW* hopedistrictarts council@gmail.com

Contact:

Diane Ferguson Name 1-604-869-3400 Telephone/Fax Number

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

see attached

APPLICATION SUMMARY:

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

see attached

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

see attached

Amount of Grant Requested: \$ 2,000.⁰⁰~~xx~~

**Please note: grants over \$4,000 require a financial statement and/or report on the applicant to be provided with the application.

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.

Diane Ferguson
Executive Director
Signature of Authorized Signatory and Title

Amount Approved:	_____
Date:	_____
Signature of Electoral Area Director	_____