

GRANT-IN-AID APPLICATION

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

Applicant Name: Pophen U	dunteer tobe Fire Dept.
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 I	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 cosheet if required):	ommunity or an aspect of the community (Please attach a separate
Show of apprecto	tion for volunteer efforts
- CD. C	
Amount of Grant Requested: \$ 500	
To the best of my knowledge, all the information that hereby certify that this application for assistance is or business undertaking.	at is provided in this application is true and correct. Furthermore, I NOT being made on behalf of an individual, industry, commercial
	Amount Approved:
Signature of Authorized Signatory and Title	Date:
	Signature of Electoral Area Director