

GRANT-IN-AID APPLICATION

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

Applicant Name: SUNSHINE VAL	LES RATEPAYERS ASSOC.
Mailing Address: P.O. BOX 2	
HOPE, BO	
Email Address:	
Contact:	
LYNN ORSTAD	
Name	Telephone/Fax Number
Statement as to eligibility to apply for Grant-In-Aid Fur	nds (Please attach a separate sheet if required):
	D NOW- PROFIT ORGANIZATON
AND CERTIFICATE IS O LOCATED IN ELECTORAL	ON FILE AT FURD OFFICE
APPLICATION SUMMARY: INFO ATTACHED	
Project or purpose for which you require assistance (F	Please attach a separate sheet if required):
TRAINING IN BOARD FUI	UDAMENTALS FOR NOW-
PROFIT ORGANIZATION	5. COURSE DESCRIPTION IS TETHAT THIS WILL BE OPEN
TO ALL ECTORAL AK	
sheet if required): THIS TRAINING WILL.	Munity or an aspect of the community (Please attach a separate ASSIST NEW VOLUNTEER OLES ON A BOARD
Amount of Grant Requested: \$_/,550.50	- BUDGET IS ATTACHED
**Please note: grants over \$4,000 require a financial sapplication.	statement and/or report on the applicant to be provided with the
	is provided in this application is true and correct. Furthermore, I OT being made on behalf of an individual, industry, commercial
2010	
Light Star	Amount Approved:
SURA BOARD DIRECTOR	
Signature of Authorized Signatory and Title	Date:
	Signature of Electoral Area Director
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