

## **GRANT-IN-AID APPLICATION**

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

Applicant Name:  Mailing Address:	hum Reside	ent Association
Email Address:		
Contact: Name	ehker	Telephone/Fax Number
Statement as to eligibility to app	oly for Grant-In-Aid Funds (	(Please attach a separate sheet if required):
APPLICATION SUMMARY:		
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Statement as to how these fundament if required):	ds will benefit the communi	ity or an aspect of the community (Please attach a separate
Amount of Grant Requested: \$	650-49	
**Please note: grants over \$4,0 application.	000 require a financial state	ement and/or report on the applicant to be provided with the
To the best of my knowledge, hereby certify that this applicator business undertaking.	all the information that is pr tion for assistance is NOT b	rovided in this application is true and correct. Furthermore, l being made on behalf of an individual, industry, commercial
		Amount Approved:
Signature of Authorized Signa	tory and Title	Date:
		Signature of Electoral Area Director