



GRANT-IN-AID APPLICATION

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

Applicant Name: DISTRICT OF HOPE RATEPAYERS
 Mailing Address: [REDACTED]
 Email Address: _____

Contact:
John Duff Name [REDACTED] Telephone/Fax Number

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

APPLICATION SUMMARY:

Project or purpose for which you require assistance (Please attach a separate sheet if required):
LEGO EXPO #4

Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required):
~~GET~~ GREAT EVENT FOR KIDS & FAMILYS FOR HOPE AND AREA B LAST YEAR OVER 500 ATTENDED

Amount of Grant Requested: \$ 1500

**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.

[Signature] PRES
 Signature of Authorized Signatory and Title

Amount Approved: \$ 1500.00
 Date: Feb 21 2020
[Signature]
 Signature of Electoral Area Director