

GRANT-IN-AID APPLICATION

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

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Mailing Address: Box 200	Rading Association
Email Address: Joriaxites 16 gmuil Ca	om or cangenlares à bookiela. net
Contact: SORI WALTERS SHERRI FORMAN Name	(24-819-018 or 624-864-860) Telephone/Fax Number (24-813-9112)
Statement as to eligibility to apply for Grant-In-Aid Funds (Please attach a separate sheet if required): Non-profit cognization of Licetoral frea f.	
APPLICATION SUMMARY:	
Project or purpose for which you require assistance (Please attach a separate sheet if required): We would like to requirest transfer the first of the USA to court of the formation of the court o	
Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required): In promote 4. Support miticipation for all ages in the Spirit of Promote 4. Support mental ages in the Spirit of Promote 4. Support mental ages in the Spirit of Promote 4. Support mental ages in the Spirit of Promote 4. Support of the community or an aspect of the community (Please attach a separate sheet if required): A support of the community or an aspect of the community (Please attach a separate sheet if required): A support of the community or an aspect of the community (Please attach a separate sheet if required): A support of the community or an aspect of the community (Please attach a separate sheet if required): A support of the community or an aspect of the community (Please attach a separate sheet if required): A support of the community or an aspect of the community (Please attach a separate sheet if the community or an aspect of the community or an aspect or an aspect of the community or an aspect of the community or	
Amount of Grant Requested: \$_/CCO_c	
**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.	
Sec / ISUS. Signature of Authorized Signatory and Title	Amount Approved:
Signature of Authorized Signatory and Title	Date:
	Signature of Electoral Area Director