



ELECTORAL AREA GRANT-IN-AID APPLICATION

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

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Contact: _____

Name Telephone/Fax Number

Statement as to eligibility to apply for Electoral Area Grant-In-Aid 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 community or an aspect of the community (Please attach a separate sheet if required):

Amount of Grant Requested: \$ _____

**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.

Taryn Dixon

FVRD Director Area H
Signature of Authorized Signatory and Title

Amount Approved: _____
Date: _____
_____ Signature of Electoral Area Director