



GRANT-IN-AID APPLICATION

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

Applicant Name: DISTRICT OF HOPE RATEPAYERS ASSOCIATION
Mailing Address: 63740 OLD YALE ROAD
HOPE, BC V0X1L2
Email Address: noir1@telus.net

Contact:

SHIRLEY CORBEIL
Name

604 869-9439
Telephone/Fax Number

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

THE DISTRICT OF HOPE RATEPAYERS IS A NON PROFIT SOCIETY WHOSE AIM IS TO PROMOTE AWARENESS OF PUBLIC ISSUES AND OFFER AID TO AND FOR INDIVIDUALS AND PROJECTS IN THE COMMUNITY. WE ARE PROUD TO BE ASSOCIATED WITH OUR COUNTERPARTS IN AREA B, THE YALE AND SUNSHINE VALLEY RATEPAYERS.

APPLICATION SUMMARY:

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

FUNDS WOULD GO TOWARD THE PURCHASE OF A VIDEO CAMERA WITH GOOD SOUND QUALITY. ONE OF OUR ONGOING PROJECTS IS TO ENSURE THAT ALL HOPE COUNCIL MEETINGS AND OTHER COMMUNITY GROUP MEETINGS ARE RECORDED FOR PUBLIC VIEWING. ANY ADDITIONAL FUNDS WILL BE USED FOR PARK ST. PROJECTS AND OF COURSE ... THE NEXT 'LEGO EXP'!!

Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required):

MANY ISSUES DECIDED BY THE DISTRICT OF HOPE COUNCIL DIRECTLY EFFECT RESIDENTS OF AREA B AS WELL AS HOPE ITSELF. HAVING OUR RECORDINGS AVAILABLE TO ALL ENSURES AND WILL CONTINUE TO PROVE BENEFICIAL FOR PUBLIC AND PERSONAL PLANNING. OUR EFFORTS AT PARK ST. MANOR WILL CONTINUE TO ENSURE RESIDENT SAFETY AND ENJOYMENT.

Amount of Grant Requested: \$ 1000

**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]
EXEC. DIR. DISTRICT OF HOPE RATEPAYERS
Signature of Authorized Signatory and Title

Amount Approved: _____

Date: _____

Signature of Electoral Area Director _____