

GRANT-IN-AID APPLICATION

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

Applicant Name:

RIVERMONSTERS SWIM CLUB HOPE SWIM MEET

Mailing Address:

71808 MEADOW ROAD HOPE BC
VOX-115

Email Address:

president@rivermonstersswimclub.ca

Contact:

CATHERINE FREIMARK
Name

604-860-4373
Telephone/Fax Number

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

THE RIVERMONSTERS SWIM CLUB IS A NOT FOR PROFIT MEMBER OF THE BC SUMMER SWIM CLUB ASSOCIATION FOR YOUTH 3-18 IN BOSTON BAR HOPE, SUSHINE VALLEY YALE AND SURROUNDING COMMUNITIES.

APPLICATION SUMMARY:

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

THE FUNDS REQUESTED ARE FOR ITEMS REQUIRED FOR THE SWIM MEET AND ARE RE-USABLE. REQUIRED ITEMS ARE STORAGE CONTAINERS, LANE INDICATORS, TOUGH PAD EQUIPMENT.

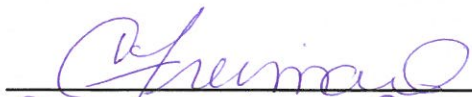
Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required):

THE HOPE SWIM MEET IS IN ITS SECOND YEAR. HOSTING 9 CLUBS OVER A TWO DAY EVENT IS A HUGE ENDEAVOUR OF A SMALL CLUB OF 24 SWIMMERS. THE ENTIRE COMMUNITY IS ENCOURAGED TO ATTEND, HONOURING THE LEGACY OF SWIM IN HOPE AND COMMUNITY PRIDE.

Amount of Grant Requested: \$ 900.00

****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.


PRESIDENT RMC
Signature of Authorized Signatory and Title

Amount Approved:

Date:

Signature of Electoral Area Director

GRANT-IN-AID APPLICATION

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

Applicant Name: RIVERMONSTERS SWIM CLUB
Mailing Address: 71808 MEADOW ROAD
HOPE BC V0X-1L5
Email Address: president@rivermonstersswimclub.ca
Contact:
Name: CATHERINE FREIMARK Telephone/Fax Number: 604-860-4373

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

THE RIVERMONSTERS SWIM CLUB IS A NOT FOR PROFIT
MEMBER OF THE BC SUMMER SWIM CLUB ASSOCIATION
FOR YOUTH AGES 3-18 IN BOSTON BAR HOPE
SUNSHINE VALLEY, YALE AND SURROUNDING COMMUNITIES.

APPLICATION SUMMARY:

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

THE GRANT IN AID WILL BE USED AS A CREDIT ON
ACCOUNT WITH THE DAN SHAPIRO'S AQUATIC CENTRE
TO COVER THE LANE FEES FOR PRACTICES
THRU THE 2018-19 SUMMER/WINTER SEASON.

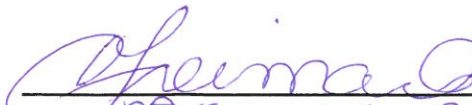
Statement as to how these funds will benefit the community or an aspect of the community (Please attach a separate sheet if required):

OUR COMMUNITY HAS BEEN IDENTIFIED AS HAVING THE WORST
HEALTH RECORD IN AREAS SERVED BY FRASER HEALTH.
THE SWIM CLUB PROVIDES A PRO ACTIVE OUTLET FOR YOUTH
TO LEARN SKILLS FOR LIFE AND BUILD COMMUNITY SPIRIT.

Amount of Grant Requested: \$ 1500.00

****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.


PRESIDENT RMSC
Signature of Authorized Signatory and Title

Amount Approved: _____

Date: _____

Signature of Electoral Area Director _____