

GRANT-IN-AID APPLICATION

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

Applicant Name:	Lake Errock Community Association	
Mailing Address:	PO Box 96, Lake Errock BC V0M 1N0	
Email Address(es):	lakeerrockca@gmail.com	
Contact(s):		
Rick Prest		604-826-1966
Name		Telephone/Fax Number
Wendy Thomson		604-826-4583
Name		Telephone/Fax Number
Statement as to elig	ibility to apply for Grant-In-Aid Funds	s (Please attach a separate sheet if required):
We are a small non pro	offit society based in Lake Errock. We host a	a couple small events through the year and one fairly large event
for Canada Day. It's a	chance to bring the community together and	d and opportunity for new people to meet their neighbors.
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APPLICATION SUI	MMARY:	
Drainet ar nurnaca f	ier which you require againtages (Ple	and attack a congrete about if required):
Project of purpose i	or which you require assistance (Fie.	ase attach a separate sheet if required):
We are in our third year	r as Lake Errock Community Association. In	n the Spring we do a community garage sale/pot luck, Spring cleanup,
in the summer it's either	r Canada Day Celebration or Picnic in the P	ark depending on what day it falls on. Free burgers and hot dogs all day
kids parade, bike decorat	ing, magician, pace painter, kids games, chili co	okoff,pi baking contest. Fall beach party, fireworks, pumpking carving and BBQ
Statement as to how sheet if required):	v these funds will benefit the commu	nity or an aspect of the community (Please attach a separate
The events we put on	nelp bring the community together. We have	e no ammeneties in Lake Errock, so anything we do benefits
the kids and people who live here.		
Amount of Grant Re	aguagtad: \$ 2,500	
Amount of Grant Re	equested. \$,
	nis application for assistance is NOT	provided in this application is true and correct. Furthermore, I being made on behalf of an individual, industry, commercial
Rick Prest-Director, La	ake Errock Community Association	Amount Approved:
(Ma	17 6.28.18	
Signature Author	ized Signatory and Title	Date:
		Signature of Electoral Area Director

Please return completed form by fax or e-mail to: Fax: 604-702-5043 (Finance Dept.); Email: info@fvrd.bc.ca; or to your Electoral Area Director.