



GRANT-IN-AID APPLICATION

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

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

Contact:

SHIRLEY CORBEIL
Name

[REDACTED]
Telephone/Fax Number

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

DISTRICT OF HOPE RATEPAYERS ARE STRICTLY NONPROFIT AND
ARE DEDICATED TO BE OF SERVICE ESPECIALLY TO SENIORS AND
CHILDREN.

APPLICATION SUMMARY:

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

TO AID US IN THE PRESENTATION OF LEGO EXPOS, THIS VERY POPULAR EVENT
IS WELL ATTENDED BY MANY CHILDREN FROM AREA B AS WELL AS HOPE.

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

THIS YEAR'S EVENT PROCEED WILL BE FOR SILVER CRK. ELEM.'S MUSIC +
LIBRARY PROGRAMS AS WELL AS TO MAKE ESSENTIAL REPAIRS TO
PARK ST. MANOR SENIORS RESIDENCE

Amount of Grant Requested: \$ 1,000

**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]
[Signature]
Signature of Authorized Signatory and Title

Amount Approved:

Date: _____

Signature of Electoral Area Director