

Schedule A



The Corporation of the Village of Salmo

P.O. Box 1000
Salmo, British Columbia V0G 1Z0
www.salmo.ca

Phone: (250) 357-9433
Fax: (250) 357-9633
Email: info@salmo.ca

COMMUNITY GRANT APPLICATION FORM

Part A: Applicant or Designate

Name of Organization: _____

Address/Phone #: _____

Contact Person: _____

Address/Phone #: _____

Part B: About the Applicant

Are the funds being requested for a non-profit organization in the Salmo Valley? _____

How will this project benefit the people of Salmo? _____

Is a proportionate request being made to other local governments? _____

Has your group initiated other activities to raise funds (excluding appeals for grants?) _____

If so, please list those activities: _____

Part C: About the Application

Briefly describe the purpose for which you are requesting this grant: _____

Amount of grant requested: _____

(Except under extraordinary circumstances, no grant-in-aid shall exceed \$300.)

Amount of Village labour, equipment and supplies requested: _____

