



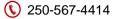




Four Rivers Co-operative Community Support Fund Application Form

*Please do not leave any information blank as this may affect your request for funding

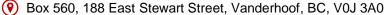
Full Legal Name of Organization	
Name of Organization (if different from legal name)	
Organization Phone Number	
Area Code. Phone Number	
Organization Full Address	
Street Address	
City	Province
Postal Code	
Organization Website or Social Media Page Name (If applicable)	



1-877-567-4414

250-567-4355







www.fourriversco-op.crs



Contact Name and Title (Role within the organization)
Contact Phone
Area Code. Phone Number Ext.
Contact Email
Alternative Contact Name and Title
Alternative Contact Phone
Alternative Contact Email
Please describe how you heard about the program (select all that apply)
Website Co-op Employee Digital Advertising
Social Media. Other
PROJECT ELIGIBILITY
Is the organization registered as a charity or non-profit with the government of Canada?
Yes? No?

If No, please explain why.			
If Yes, Please Provide Charitable Registration Number (A charitable registration number has 9 digits and 2 letters. It consists of a nine-digit business number and two letters RR identify your account as a registered charity.)			
Registered Status *Please attach copy of incorporation as a supporting document			
Please describe your organizations charitable category (ie. medical, social, senior, youth, food bank, sports, animal rescue, etc)			
Below Please Describe Your Organizations Overall Mission and Main Objectives to Hel improve Lives or Make a Difference in the Local Community (Max 400 Characters) *If additional space is required, please attach an additional sheet.			

How Does Your Organization Plan to Use the Fund Received? Please Provide as much detail as possible. *Attach additional sheets if required.		
Please provide received from	e other sources of funding for this program/project and amount of fund each source.	
How much finathe program a	ancial support is required to total to complete this project and/or to operate nnually?	
How much fur	nding is being requested in this application?	
Will the organ	ization, project or program be sustainable without the support of this	
Yes?	No?	

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How many people are anticipated to be impacted by the program if you received the funding? *Attach additional sheets if required.	
Please describe how your program will improve the quality of life or how it will make a difference for your targeted demographic. *Attach additional sheets if required.	
Authorized signature of organization Today's Date (MM/DD/YYYY)	
Printed Name and Title	