

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)

 250-567-4414

 1-877-567-4414

 250-567-4355

 Box 560, 188 East Stewart Street, Vanderhoof, BC, V0J 3A0

 www.fourriversco-op.crs

 maegan.woods@fourrivers.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)

- | | | |
|--|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Co-op Employee | <input type="checkbox"/> Digital Advertising |
| <input type="checkbox"/> Social Media. | <input type="checkbox"/> Other | |

PROJECT ELIGIBILITY

Is the organization registered as a charity or non-profit with the government of Canada?

- | | |
|-------------------------------|------------------------------|
| <input type="checkbox"/> Yes? | <input type="checkbox"/> No? |
|-------------------------------|------------------------------|

How does your organization plan to use the funds received? Please provide as much detail as possible. *Attach additional sheets if required.

Please provide other sources of funding for this program/project and amount of fund received from each source.

How much financial support is required in total to complete this project and/or to operate the program annually?

How much funding is being requested in this application?

Will the organization, project or program be sustainable without the support of this funding?

Yes? No?

Please Provide Details

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
