The Corporation of the District of Saanich COMMUNITY GRANTS PROGRAM

COMMUNITY DRY GRAD APPLICATION FORM

Organization Information Organization Name: Permanent Mailing Address: City: Email: Fax Number: Postal Code: Contact Person (Name): Phone Number: Have you applied for funding from other sources? If yes, from whom and for how much? **Funding Request** Amount of grant request: Written summary of request, organization information, and description of project, activity, or event (include date, time, and location):

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria, BC, V8X 2W7, phone:. 250-475-1775, email: foi@saanich.ca.

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Description of how funds will be used and time frame to complete:	
SUMMARY REPORT	
Did your organization receive a grant in the previous year?	Yes
	No
	NO
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One page summary report on achievement of previous year's program/project goals is attached?	Yes
previous year 3 program, project godis is attached:	
	N/A
Signature:	Date:
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