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PEACE RIVER REGIONAL DISTRICT

## GRANT APPLICATION FORM

Society #:

Name:

Civic Address:

Mailing Address:

City:  Postal Code:

Contact Person:  Alternate Person:

Tel:  Tel:

Email:  Email:

### SOCIETY EXECUTIVES

President:

Vice President:

Treasurer:

### PROJECT COSTS

Total Cost of Project:

Amount Requested per

For how many years?  1 yr  2 yrs  3 yrs

Have you applied to a municipality for funding? Yes ☐ No ☐ If so, how much did you apply for?

Was your application successful? Yes ☐ No ☐ If so, how much did you receive?

**Describe the project for which your organization is requesting a grant and the reason for your request.**  
*If more space is needed, please add it as an attachment to your application.*

### ATTACHMENTS REQUIRED:

- Project budget, including all sources of funding
- Current financial statements showing expenses, revenues & savings

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only

Fair Share: B ☐ C ☐ D ☐ E ☐

PRA: B ☐ C ☐ D ☐ E ☐

BCR/PRA: B ☐ C ☐ D ☐ E ☐

Gas Tax: \_\_\_\_\_

Other: \_\_\_\_\_