



**Village of Ashcroft
Grant-in-Aid Application - Individual**

| | |
|---|-------------------------|
| Name: _____ | |
| Mailing Address: _____ _____ | |
| Phone: _____ | Fax: _____ Email: _____ |
| Briefly describe how the requested grant money will be used: | |
| What amount of Grant-in-Aid is being requested? | \$ _____ |
| Total of anticipated expenses | \$ _____ |
| Did you receive a Grant-in-Aid last year? | Yes ___ No ___ |
| If yes what was the amount of the grant? | \$ _____ |
| Forward completed applications to: Village of Ashcroft, Box 129, Ashcroft, BC V0K 1A0 or by email to admin@ashcroftbc.ca . Applications are reviewed by Council at the second meeting each month. Applications must be received by the second Friday of each month to be considered in that month. | |



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Grant-in-Aid Application - Individual

Office Use Only

Date Application Received: _____

Application confirmed to be complete Date: _____

Checklist: Completed application form _____

Financial Statement _____

Budget for current year _____

Project Budget _____

Category: Arts & Culture _____ Sports & Recreation _____

Museum & Heritage _____ Social/Educational/Environmental/Other _____

Amount of Grant-in-Aid Applied for: \$ _____ Approved \$ _____

Denied _____

Comments:

Letter sent to applicant regarding decision Date: _____

Cheque sent to applicant Date: _____