**Village of Ashcroft**
**Grant Application - Organizations**

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|---|
| Organization Official Name: |
| Mailing Address: _____<br>_____ _____<br>Phone: _____ Fax:_____ Email: _____ |
| Contact Person: _____ Title: _____ |
| Briefly describe your organizations purpose: |
| Briefly describe how the requested grant money will be used: |
| What amount of Grant-in-Aid is being requested? $ _____ |
| Total organization operating budget for current year $ _____ |
| Total budget for project the grant is being applied for $ _____ |
| Did you receive a Grant-in-Aid last year? Yes ___ No ___<br>If yes what was the amount of the grant? $ _____ |
| Attachments: Please provide the following to your application (if available):<br>Financial Statement, Current Year Budget, Project Budget |
| Forward completed applications to: Village of Ashcroft, Box 129, Ashcroft, BC V0K 1A0 Or via 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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## 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 if appliable Date: