

Grant for Assistance Application – Year Round Intake For Grants of \$1,000 and Under

Organization Information Sheet

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Name of Organization:
Rame of organization.
COPS for Cancer - Williams Lake RCMP.
Mailing Address:
575 Borland St. Williams Lake, BC VaGIR9
Telephone (office): 250-267-5167 (Stacie Matoga)
PURDASE OF DROPHIZATION'
Canodian Cancer Society.
What Community does your organization serve?
all of BC
BC Society Registration Number: (if applicable) #118829803 RR001
#118829803 KROOL
Federal Charitable Registration Number: (if applicable)
Chairman /
Ecins Rewolds
Treasurer or Financial Officer's name:
Telephone:
Chairperson's name: Erins Reynolds Telephone: Treasurer or Financial Officer's name:

Previous Grants from CRD (if applicable, please indicate year grant amount and project):

None

Current Grant Requested from CRD \$ 500.00



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Please answer the following questions, using additional paper if necessary:

1. Brief Description of Proposed Use of Grant Being Applied For:

to help affset the costs of hasting the gala fundraiser (ie. food, rentab, venue)

- 2. Start date of the project: October 2018 . End date for the project: October 2018
- 3. How will you indicate that the CRD is contributing to your organization?:

media coverage : acknowledgement

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

President/Chairperson