## GRANTS FOR ASSISTANCE APPLICATION Year Round Intake for Grants Under \$1,000

## **Organization Information Sheet**

Name of Organization: Logan Parent Foundation					
Mailing Address: 6345 Wolfe Rd, 100 Mile House, BC V0K 2E3					
Telephone (office): (250) 706-9380	email: loganparentfoundation@gmail.com				
Purpose of Organization: Mental health and concussion education					
What Community does your organization serve? 100 Mile House					
BC Society Registration Number: $50075282$					
Federal Charitable Registration Number: (if applicable)					
Chairperson's name: Cindy Parent and Dave Atkinson					
Telephone:	email:				
Treasurer or Financial Officer's name: Nicole Blades					
Telephone:	email: loganparentfoundation@gmail.com				

## **Previous Grant from CRD:**

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If applicable, please indicate the year, grant amount, and project.

Year: <u>4045</u> \$ 1,000.

2ND Annual Memorial Bulls and Barrels Event.

## Please answer the following questions, using additional paper if necessary.

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

	The grant would be used for mental health and concussion awareness and education. As well as helping to fund the second annul Logan Parent Memorial Bulls & Barrels Event. This event is our biggest fundraiser of the year, which allows us to keep meeting our goals, and making a positive impact through education and awareness regarding mental health throughout the coming year. This event takes place on June 9th and 10th, here in 100 Mile House, bringing tourism to the area the weekend.				
2.	June 9th, 2023 Start date of the project:	June 10th, 2023 End date for the project:			
3.	How will you indicate that the CRD is contributing to yo	ur organization?			
тн	E INFORMATION INCLUDED IN THIS APPLICATION IS TRU	E AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
		May 5th, 2023			
Pre	sident/Chairperson	Date			