



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

Organization Information Sheet

Name of Organization: Cariboo Chilcotin Youth Fiddle Society	
Mailing Address: [REDACTED]	
Telephone (office): [REDACTED]	email: [REDACTED]
Purpose of Organization: <small>a) the purpose of the society is b) to give youth of the Cariboo Chilcotin affordable access to professional instruction and inspiration through organized fiddle workshops to encourage the inclusion of all abilities of players, all cultures, regions and ethnicities, all ages of youth and all socio-economic levels</small>	
What Community does your organization serve? Cariboo Regional District and Williams Lake	
BC Society Registration Number: S-58386	
Federal Charitable Registration Number: (if applicable)	
Chairperson's name: Naden Parkin	
Telephone: [REDACTED]	email: [REDACTED]
Treasurer or Financial Officer's name: Erin Trott	
Telephone: [REDACTED]	email: [REDACTED]

Previous Grant from CRD:

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

Year: \$

Project:

Current Grant Requested from CRD \$ ¹⁰⁰⁰_____



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

1. Brief Description of Proposed Use of Grant:

See attached document

2. Start date of the project: April 29 End date for the project: May 05

3. How will you indicate that the CRD is contributing to your organization?

If we get approval for these funds with sufficient time, we will list the CRD as a supporter on our program, our social media as well as verbally at the start of each show. With such a short timeline, it may be too late to include the CRD on the program, in which case we will have a board recognizing our sponsors at the entrance of the Gibraltar Room and again verbally recognize the CRD at the start of the show.

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

[Redacted Signature]

President/Chairperson

April 23 2024

Date