Organization Information Sheet

Name of Organization: City of Williams Lake's Accessibility Advisory Co	ommittee
Mailing Address: 450 Mart Street, Williams Lake, BC, V2G 1N3	
Telephone (office): 250-392-1772	mail: accessibility@williamslake.ca
Purpose of Organization: To assist Council in identifying	barriers to individuals in or interacting with the City.
What Community does your organization serve? City of Willia	ms Lake
BC Society Registration Number: N/A	
Federal Charitable Registration Number: (if applicable) N/A	
Chairperson's name: Maureen Straza	
Telephone: 250-392-1772 e	mail: accessibility@williamslake.ca
Treasurer or Financial Officer's name: City of Williams Lake	
Telephone: 250-392-1772 e	mail: accessibility @williamslake.ca
Previous Grant from CRD: f applicable, please indicate the year, grant amount, and pro	oject.
/ear: N/A \$ N/A	
Project: N/A	



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

1.	Brief Description of Proposed Use of Grant:	
	as well as the licensing fee for the film itself. The CW accessibility and will be offering healthy snacks and	ultar Room to sponsor a public family movie focusing on a character with a disability VL AAC will also have a table set up with pamphlets about the committee and beverages for the public during viewing. This event is taking place on Access (May 26th to June 1st), proclaimed by City of Williams Lake Council.
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2.	Start date of the project: 6/1/24	End date for the project: 6/1/24
	 How will you indicate that the CRD is contrib By including the Cariboo Regional District loof funding approval from the CRD. 	ogo on all event communications advertised following confirmation
тні	INFORMATION INCLUDED IN THIS APPLICAT	TION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
I		5/2/24
PIC	stacing chair person	Date