

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

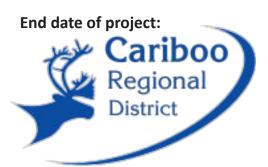
Name of Organization: Horsefly Quilt Club
Mailing Address: P.O. Box 34, Horsefly B.C. VOL 1L0
Telephone (office): email: Susann Mongrain
Purpose of Organization: provide comfort quilts for local citizens
What community does your organization serve? Horsefly B.C.
BC Society Registration Number(if applicable): n/a
Federal Charitable Registration Number (if applicable): n/a
Chairperson's name: Suzie Ambrose (grants)
Telephone: email:
Treasurer or Financial Officer's name: Susann Mongrain
Telephone: email:

Grant Request \$ 1,000.00

Proposed Use of Grant:

Give comfort quilts for those in need, ill, terminal or are having personal disasters in Horsefly and surrounding area.

Start date of project: January 2026 End Date December 31, 2026



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Previous CRDGrant (if applicable):	
Year: 2024 \$1,000.00	
Project Description:	
Use the grant to buy fabric, thread, batt	ting, backing and the hire of a long arm quilter.
How will you indicate the CRD is con	tributing to your organization?
Place a thank you in the Wi	lliams Lake Tribune, the Horsefly Buzz and Facebook.
THE INFORMATION	INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
Suzie Ambrose President/Chairperson	August 6, 2025 Date