T 250.785.4471 F 250.785.6171

Fuel GOOD Day Application

Thank you for applying for the *Fort St. John Co-op Fuel Good Day!* Please take the time to fill in all the information in detail. If you have any questions, please contact us at 250.785.4471 ext. 118.

Organization Information:			
Full Name of Organization:			
Legal Name (if different from above):			<u> </u>
Physical Address:			
Mailing Address:			
Website:			
Organization Contact Information:			
Representative Name:			
Title:	1	Telephone Numbe	er:
Email:		Fax Number:	
Alternative Representative Name:			
Title:	Telephone Number:		
Email:	Fax Number:		
How did you hear about this program?			
Website	Our Facebook	Page	Co-op Employee
Radio	Online Search		Other:



Project Eligibility

Registered Status:	
*Provide a copy of incorporation as a supporting document.	
Please indicate what category your organization falls under:*medical, social, senior, youth, foodbank, recreation, etc.	
Describe your organizations overall mission or main objectives *if you require additional space, please attach additional papers or documentation	
If your organization is chosen, how will the funds be utilized? *if you require additional space, please attach additional papers or documentation	
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What other sources of funding for this program/organization have	a vou received?
*if you require additional space, please attach additional papers or documentation	e you received:
Source 1:	Dollars Received:
Source 2:	Dollars Received:
Source 3:	Dollars Received:
Source 4:	
Source 5:	
How much financial support in total is required to complete this p Annual Operating Funding	roject or to operate the program annually?
Individual Project Funding Dollars R	Required:
How much funding are you requesting in this application?	
Dollars Requested:	
Will this program or organization be sustainable past the support	of this funding?
Yes	
No	

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Details:	
How many people are anticipated to be impacted by this project in Number of People:	f you receive funding?
Please provide details on the expected community benefits of this	s program (direct and indirect):
Please describe how your program will improve the quality of life	for your targeted demographic:
Please provide any further details that you feel would be importai application:	nt for us to know, when considering your
Authorized Signature of Organization:	Date:
Name of Authorized Person:	

Please submit this application and your document(s) to marketing@fsjcoop.com once completed. Thank you for applying.