



**Fort St. John Co-operative Association**

7315 – 100 Avenue  
Fort St. John, B.C., V1J 5T8  
www.fortstjohnco-op.crs

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): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Organization Contact Information:**

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Alternative Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**How did you hear about this program?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Website              | <input type="checkbox"/> Co-op Facebook Page | <input type="checkbox"/> Co-op LinkedIn Page |
| <input type="checkbox"/> Co-op Instagram Page | <input type="checkbox"/> Radio               | <input type="checkbox"/> Co-op Employee      |
| <input type="checkbox"/> Referral             | <input type="checkbox"/> Co-op Stores        | <input type="checkbox"/> Other: _____        |



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**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 organization’s 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people are expected to be impacted by this program/project if you receive funding?

Number of People: \_\_\_\_\_

Please provide details on the expected community benefits of this program/project (direct and indirect):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how your program will improve the quality of life for your targeted demographic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

