



COMMUNITY SUPPORT FUND APPLICATION

Thank you for applying for the *Fort St. John Co-op Community Support Fund*

Please take the time to fill in all of the information in detail

If you have not already done so, please review our funding guidelines prior to applying.

If you have any questions, please contact us at 250.785.4471 and ask to speak with the General Manager.

Organization Information:

Full Name of Organization: _____

Legal Name (if different from above): _____

Physical Address: _____

Mailing Address: _____

Website: _____

Organization Contact Information:

Representative Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Alternative Representative Name: _____

Telephone Number _____ Fax Number: _____

Email: _____

How did you hear about this program?

- | | | |
|------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Co-op Employee |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Digital Advertising | <input type="checkbox"/> Other: _____ |



Fort St. John Co-operative Association

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

T 250.785.4471
F 250.785.6171

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

What other sources of funding for this program/organization have you received?

*if you require additional space, please attach additional papers or documentation

Source 1: _____	Dollars Received: _____
Source 2: _____	Dollars Received: _____
Source 3: _____	Dollars Received: _____
Source 4: _____	Dollars Received: _____
Source 5: _____	Dollars Received: _____

How much financial support in total is required to complete this project or to operate the program annually?

- Annual Operating Funding
- Individual Project Funding

Dollars 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

Details:



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How many people are anticipated to be impacted by this project if you receive funding?
Number of People: _____

Please provide details on the expected community benefits of this 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 important for us to know, when considering your application:

Authorized Signature of Organization: _____

Date: _____

Name of Authorized Person: _____

Please submit this application to genmgr@fsjcoop.com once completed.
Thank you for applying