



COMMUNITY GRANT APPLICATION

SECTION A: APPLICANT INFORMATION

1. ORGANIZATION NAME Burnaby Neighbourhood House Society		
2. ORGANIZATION STREET ADDRESS 4460 Beresford Street, Burnaby, BC V5H 0B8		
3. WEBSITE (IF APPLICABLE) www.burnabynh.ca		
4. GRANT APPLICATION MAIN CONTACT PERSON		
NAME Antonia Beck	PHONE (604) 431-0400	EMAIL antoniab@burnabynh.ca
5. ALTERNATIVE CONTACT PERSON		
NAME Kimberly Barwich	PHONE (604) 431-0400	EMAIL kimberlyb@burnabynh.ca
6. APPLICANT TYPE		
<input checked="" type="radio"/> LOCAL REGISTERED NON-PROFIT SOCIETY	SOCIETY NO S0035149	DATE OF INCORPORATION 1996-04-10
<input type="radio"/> REGISTERED CHARITY	CHARITABLE NO	
<input type="radio"/> NATIONAL/INTERNATIONAL NON-PROFIT OPERATING LOCALLY	SOCIETY NO	DATE OF INCORPORATION
<input type="radio"/> SPORT OR RECREATION ORGANIZATION		
<input type="radio"/> OTHER	SPECIFY	

SECTION B: GRANT INFORMATION

1. ARE YOU? <input type="radio"/> New Applicant <input checked="" type="radio"/> Returning Applicant	
2. SELECT THE KIND OF COMMUNITY GRANT YOU ARE APPLYING FOR: <input checked="" type="radio"/> General Grant (Operating) <input type="radio"/> General Grant (Programming) <input type="radio"/> Recreational Sport Grant <input type="radio"/> Fee Waiver	
3. AMOUNT YOU ARE REQUESTING: \$ 20,000.00 <input type="checkbox"/> In-Kind (check if applicable)	
4. TOTAL COST OF THE PROJECT/EVENT/PROGRAM ETC.	
5. IF YOU ARE A RETURNING APPLICANT AND ARE REQUESTING AN INCREASE OVER YOUR LAST YEAR GRANT AMOUNT AWARDED. PLEASE PROVIDE A RATIONALE FOR THE INCREASE. N/A	