



## COMMUNITY GRANT APPLICATION

## SECTION A: APPLICANT INFORMATION

1. ORGANIZATION NAME Burnaby Family Life Institute		
2. ORGANIZATION STREET ADDRESS 102-2101 Holdom Avenue, Burnaby V5B 0A4		
3. WEBSITE (IF APPLICABLE) www.burnabyfamilylife.org		
4. GRANT APPLICATION MAIN CONTACT PERSON		
NAME Constantine McQuade	PHONE (604) 659-2209	EMAIL cmcquade@burnabyfamilylife.org
5. ALTERNATIVE CONTACT PERSON		
NAME	PHONE	EMAIL

6. APPLICANT TYPE		
<input checked="" type="radio"/> LOCAL REGISTERED NON-PROFIT SOCIETY	SOCIETY NO 9115	DATE OF INCORPORATION 1971-02-12
<input type="radio"/> REGISTERED CHARITY	CHARITABLE NO 118821578	
<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:	
\$ 18,000.00	<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.	