DISTRICT OF BARRIERE **Grant Application – Organizations** Organization Official Name: SELLOWHEAD COMMUNITY SERVICES BANRIENE BC. 4936 BANRIERE TOWN ROAD Mailing Address: VOE 150 _____Email: jill.h @ yellowheades.co Phone: 250-612-9113Fax: Contact Person: Jic HAYWAND Title: LHENACY OWINEACH COONDINKTOR Briefly describe your organizations purpose: JELLOWHEAP COMMUNITY SERVICES IS A NON-PROFIT REGISTENED SOCIETY PROVIDENCE BARNIENE AND ANEA LITENACY OUTREACH SERVICES TO THE CATCHMENT ANEA RT NO COST TO THE CLIENTS. THE SERVICE CREMES POSITIVE CHANGE & CONTRIBUTES TO A HEALTHY Briefly describe how the requested grant money will be used: THE REQUEST GRANT IS BEING REQUESTED FOR OUR ANNUAL RAISE-A-READER FUND RAISER WHICH IS MATCHED BY GOVERNMENT, DOLLARS TO PROVIDE MARK + BANRIENE Youth WITH FACE LITERACY + LEARNING I WITHTIVES; INCLUDING TUTORING, EVEN'S + MONE. 500,00 What amount of Grant-in-Aid is being requested? N/A Total organization operating budget for current year \$ 15,000 FOR RAISE A READER Total budget for project the grant is being applied for + Youth Literay PROGRAMS. Did you receive a Grant-in-Aid last year Yes 500,00 If yes, what was the amount of the grant? Attachments: Please provide the following to your application (if available): Financial Statement, Current Year Budget, Project Budget Please forward completed application by mail to: District of Barriere, Box 219, Barriere, B.C. V0E 1E0 or in person at "The Ridge Building" at 4936 Barriere Town Road, or by fax to 250-672-9708. Applications must be received by

INTERNAL OFFICE USE:

Approved

Amount Approved: ____

the first Monday of the month to be considered in that month.

Denied