



2023 COMMUNITY CONNECTIONS BENEFIT PROGRAM

APPLICATION FORM

Part 1: Applicant Information

Full Legal Name: _____ **Date:** _____
Last First M.I.

Municipal Address: _____
Street Address Apartment/Unit #

Fort St. John BC
City Province Postal Code

Phone: _____ **Email:** _____

Preferred Form of Contact: _____

Are you a citizen of the City of Fort St. John? YES NO *If NO, thank you for your interest, but this program is available only to FSJ residents at this time.*

Did you apply for the 2022 Neighbourhood Small Grant? YES NO **Was your application successful?** YES NO

Have you completed the project, including providing final report? YES NO

If your project was funded in the past, please describe why this project is needed

again. How will this year's project expand, change, add to or be different from previous years?

Part 2: Details About Your Project

Name of Project Called:

My project is: Community Skills Resource Gardening Art Other (please
(Select all that apply) Event Sharing Sharing & Greening Installation describe)

| | | | |
|---|---------------------------|-------------------------------------|---------------------------------------|
| Briefly describe your project idea & vision. HOW will it connect neighbours? | | | |
| WHEN will your project take place? | <i>(Month, Day, Year)</i> | WHERE will your project take place? | <i>(Site Location, Neighbourhood)</i> |
| WHO will help you plan and implement your project? (e.g., neighbours, family members) | | HOW will you promote your project? | |
| Approximately how many people will participate or directly benefit from your project? | | | |

Part 3: Budget

| Expenses: <i>(e.g., supplies, honorariums, etc.)</i> | Amount: |
|---|---------|
| PLEASE LIST ALL ANTICIPATED EXPENSES: | |
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| Total Expenses of your project: | |
| How much are you asking from the CCBP (max. \$500) | |
| Please list other sources of funding or resources (e.g., donations from grocers, a gift card from a local business, etc.) | |
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| If you don't receive the full grant amount requested, how will your project change? | |
| How did you hear about Community Connections Benefit Program? | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

2023 Community Connections Benefit Program Partners

The 2023 Community Connections Benefit Program is made possible by the generous financial and resource support of:

