

## COMMUNITY CLEAN-UP ASSISTANCE PROGRAM

### Application Form



### CONTACT INFORMATION

Name of Organization	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
Phone (primary)	<input type="text"/>	Extension	<input type="text"/>	Phone (secondary)	<input type="text"/>
Email	<input type="text"/>		Fax	<input type="text"/>	
Contact Person	<input type="text"/>				

Please provide a web link, email or phone number so the CRD can help promote your event.

Web link	<input type="text"/>	Email or Phone	<input type="text"/>
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Applications require detailed information regarding the event and include project description, budget, activities, timing, environmental objectives, community benefits, number of people involved and other project partners. Applicants may attach the documentation or fill in the information in the space provided.

Additional documentation (**see checklist**) attached:                      Yes                      No

Documentation Checklist:

- |                              |                           |
|------------------------------|---------------------------|
| Project Description          | Environmental Objectives  |
| Project Budget (max \$1,000) | Community Benefits        |
| Project Activities           | Number of People Involved |
| Project Timing               | Other Project Partners    |

### PROJECT SUMMARY

Project Description



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**PROJECT SUMMARY- continued**

Project Budget  
(max \$1,000)

Project  
Activities

Project Timing

Environmental  
Objectives

Community  
Benefits

Number of  
People  
Involved

Other Project  
Partners



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**PROJECT FOLLOW-UP**

I /we agree to forward a Letter of Certification to the Capital Regional District upon completion of the project.

**TOTAL CRD FUNDING REQUEST**

Total CRD funding requested for this project: \_\_\_\_\_

**APPLICANT SIGNING AUTHORITY**

Name	
Title	
Date	
	_____ Signature (not required with online submissions)

I/we hereby declare that all the information provided herein and on the accompanying statements is to the best of my/our knowledge, true, complete and correct and understand that it will be used by the Capital Regional District to determine funding worthiness. This information is collected under/subject to The Freedom of Information and Protection of Privacy Act. The proceeds of the funding applied for, if approved, will be used for the expressed intent described in this application which will be for business and not for personal, family or household purposes.

**Please print and return using one of the methods below:**

- By fax: (250).360.3047
- By email: [infoline@crd.bc.ca](mailto:infoline@crd.bc.ca)
- By mail: Capital Regional District  
PO Box 1000  
Victoria, BC  
V8W 2S6

**Questions? Contact 250.360.3030 or [infoline@crd.bc.ca](mailto:infoline@crd.bc.ca)**

