



Qualicum Beach Chamber of Commerce Community Grant Application

Name of Organization: _____

Registered Address: _____

Mailing Address: _____

Phone: (_____) _____ Fax: (_____) _____

Board of Directors/committee members: _____

Amount requested: _____ Required by: _____

If this application is successful the Grant will be used for: _____

Number of people benefiting from this endeavour: _____ Location of event/project: _____

How will this activity/project become self sustaining? _____
