

Council - Event Attendance and Donation Request

Supplemental Donation Application Form

Please submit completed forms and a copy of any other required documentation to info@paradise.ca.

SECTION 1 – CONTACT INFORMATION						
Organization Name						
Main Contact Name						
Mailing Address						
Town / City	Postal Code					
Primary Phone #	Secondary Phone (optional)					
Email Address	1 (-)					
Website (if available)	Amount Requested (max of \$200)					
SECTION 3 – EVENT / ORGANIZATION INFORMATION	(1.1.3.1 \$22.5)					
Event / Conference Title						
Please provide a detailed description of the event or confe	rence.					
Please specify what member(s) of Council you are request purpose for the requested support and how it will be utilized.	ing to attend and their expected role. Identify the ed.					

Does the organization / ev	vent involve participation from volue	enteers? Yes		No			
If yes, please indicate the type of voluenteer contribution, as well as the numbers involved?							
SECTION 5 – DECLARATION							
It is the responsibility of the applicant to confirm all required information is submitted and accurate. Incomplete applications will be considered ineligible.							
I affirm that the information in this application is accurate and complete, I agree funding and assistance by Town of Paradise will be publicly acknowledged, and understand that some of the information provided on this application may be accessible under the Access to Information and Protection of Privacy Act.							
Signature							
Name		Title					
Address		Date					
Signature							
If you require assistance in completing or submitting your application, please contact info@paradise.ca							

Privacy Notice: Personal information collected via this form is authorized under Part III of the Access to Information and Protection of Privacy Act, 2015, and is used only for the administration of the Town's grants / donations program as it pertains to conference or event support from Council. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at attpp@paradise.ca.

OFFICE USE ONLY			
Application Approval	Date of Approval	Signature	