

Name of Organization:



 $\begin{array}{c} APPLICATION\ FOR\ FUNDING\\ Application\ deadlines:\ April\ 30^{th},\ June\ 30^{th},\ August\ 31^{st},\ October\ 31^{st}\ December\ 31^{st}.\\ All\ funds\ must\ be\ spent\ by\ January\ 31^{st},\ 2016.\\ SALMO\ AND\ AREA\ G-COMMUNITY\ DIRECTED\ YOUTH\ FUND\ (CDYF) \end{array}$ 

Program/Project/Activity:			
Project Timeline			
Who:			
Where):			
Expected Outcomes:			
What age(s) of youth does t	his program/project/activity	affect or involve?	
□ 12 □ 13 □ 14 □	15 🗖 16 🗖 17 🗖 18	8 🗖 19	
How will you advertise/pro	mote this program/project/ac	ctivity:	
Total Cost:			
Amount Requested From C	DYF (not to exceed \$3000.0	00):	
Amount To Be Acquired O	r Already Acquired Through	n Other Funding:	
Contact Person:			
Phone #:	Email address:		
program/project/activity.  Applications can be mmobbs@svycc.ca to be press Applications will be meet with the CDYF for an in Salmo and Area G.  CDYF may not	submitted to the CDYF Comented to the CDYF at our meetir discussed by the CDYF Cometerview. This process is open fund 100% of any provity must be returned to CDYF.	nmittee by mail to Box 498 ag.  nmittee. Groups applying for to all organizations the company of	S, Salmo, BC or by email to or funding may be required to hat support youth in the
Revised April 17, 2012			





Total Grant Approved:	Committee Approval Date: