

APPLICATION FORM

HME GIVES BACK COMMUNITY FUND



130 - 4011 Viking Way Richmond, BC V6V 2K9

Phone: (604) 821-0075 | Email: Info@hmebc.com | www.hmebc.com

Date of Application Submission:

Day:

Month:

Year:

CONTACT INFORMATION

Name of Applicant:

Contact Name:

Email:

Phone #:

Address:

Street Address:

City:

Province:

Postal Code:

Name of Organization:

(if applicable)

Are you a registered charity organization?

Yes, Charity #

No

FUNDING

Grant amount requested:

(Max \$1,500)

Date funding needed by:

Day:

Month:

Year:

Why are you applying for the HME Gives Back Community Fund?

*By submitting this form, I agree to share the contents of the application to HME staff to review and keep on record.

If selected for the HME Gives Back Community Fund grant, will the organization or the applicant above consent to potentially being featured in HME's newsletter and/or other social media campaigns? Yes No