HME™

HME GIVES BACK
Interior Community Fund

APPLICATION FORM

Please fill out the application form and send to **HMEinteriorGivesBack@hmebc.com.** Applications will be reviewed monthly and applicants will be contacted directly by our HME Gives Back team.
*Applicants must be HME clients residing in the Interior to apply.

Submission Date: Day: ____ Month: ____ Year: ____

CONTACT INFORMATION

Applicant Name: _____ Age: ____

Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Organization Name: _____
(if applicable)

Are you a registered charity organization?

- ◯ Yes, Charity # _____
- ◯ No

Email: _____ Phone #: _____

FUNDING

Grant amount requested: _____ (Max: $1,000)

Date funding needed by: Day: ____ Month: ____ Year: ____

Why are you applying for the HME Gives Back Interior 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 applicant above consent to potentially being featured in HME's newsletter and/or other social media campaigns? ◯ Yes ◯ No