



### COVID-19 Fund Application

Name of Group or Organization:			
Representative:			
Mailing Address:	PO Box:		
Town & Province			
Postal Code			
Group or Organization Phone No:			
Representative Phone No:			
Email Address:			

Please provide as much detail as possible about your group or organization, and how it has been affected by the COVID-19 pandemic (please use additional pages if necessary).

Donation Amount Requested: \$  (Maximum \$2,500.00)

Is your organization a member of the Foam Lake Credit Union: 

YES		NO	
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Purpose of the funding request:

How will the requested funding improve, enhance or maintain the benefits of your organization:

How has your organization's operations been affected by the current COVID-19 pandemic:

Details of your organization (ie history, number of people involved, who and how it supports people or services in the community, etc.):

Dated the  day of . 20.

Representative(s) Signatures:

All applications will be accepted and considered by the selection committee until February 28<sup>th</sup>, 2021. Only successful applications will be contacted directly and will be announced at the Foam Lake Credit Union's Annual General Meeting to be held on March 18<sup>th</sup>, 2021.

Please print, sign and send the completed  
Application form to:  
[flcucovidrelief@foamlakecu.com](mailto:flcucovidrelief@foamlakecu.com)  
or  
mail to: PO Box 160, Foam Lake, Sk., S0A 1A0  
or drop off at the office