

Only pre-approved will be covered. No funds will be issued for or in progress projects. Applications must be received and reviewed prior to event or project.

All applications must be received 3 days prior to a CDP meeting.

Project or Activity Costs (Example: Materials, books etc... If there is more than one item, please have an itemized list or quote for the committee to review.)

We don't make cheques payable to the applicant all cheques are paid to the business providing the items for purchase or providing the services.

Please ask business for the name cheques are to be payable to (Example: City Of Penticton ect...)

Amount _____

Plus, Taxes _____

Total Amount _____

It is the applicant's responsibility to include all taxes. Only the amount requested will be paid.

I give the Consumer Development Committee permission to my Mental Health Worker or Clinician for the purpose of verifying information pertaining specifically to my application for consumer funds. I also understand that as a condition of receiving funding, I am required to submit all original receipts and a brief report about the project or activity to the Consumer Development Committee within 1 month of receiving the funds. I acknowledge that if I do not fulfill these requirements I jeopardize my ability to access funds in the future.

Applicants Signature

Date

My Mental Health Worker or Clinician's Name is: _____

My Mental Health Worker or Clinician's Name Phone: _____

