



# Little Shuswap Lake Indian Band Garden Grant

## APPLICANT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

### Notes:

Garden Grants are \$100 per year, per household  
To be used April 1<sup>st</sup> to March 31<sup>st</sup> of each year

**Attach all receipts** (Photocopies will not be accepted)

Incomplete applications will not accepted

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

Declined: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Approved  Not Approved