



Little Shuswap Lake Indian Band Garden Grant

APPLICANT

Date: _____

Name: _____

Status Number: _____

Address: _____

Phone: _____ Cell: _____

Amount Requested: \$ _____

Notes:

Garden Grants are \$100 **per year, per household**
To be used April 1st to March 31st 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