



COMMUNITIES IN FULL COLOUR

APPLICATION FORM (all fields required)

ORGANIZATION INFORMATION

Organization Name:

Organization Status:

- Registered charity (provide reg. number)
- Registered non-profit
- Registered community service co-operative

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Describe your organization's overall mission and main objectives (max 50 words).

Is your organization a member of your local Co-op?

- Yes
- No

Has your organization ever received funding from your local Co-op or Federated Co-operatives Limited?

- Yes
- No

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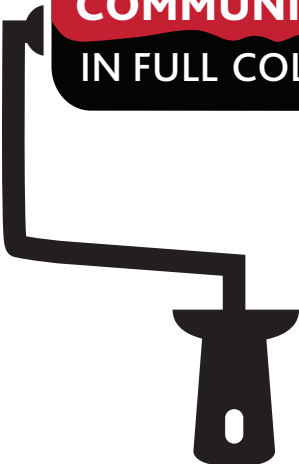
CONTACT INFORMATION

Contact First and Last Name:

Contact Address:

Contact Phone:

Contact E-mail:



PROJECT DESCRIPTION

What is the project you are requesting paint for? Describe the scope of the project (paint only, repairs, renovations, etc.). Include address/location (street, city, town, postal code).

PROJECT IMPACT

Which community members (demographic) will benefit from this project?

Please name any other community/local partners involved in the project.

IF YOUR PROJECT IS CHOSEN FOR DONATION:

1. How will you promote the IMAGINE paint donation (i.e. news release, social media, grand opening, temporary or permanent signage, etc.)?

2. Is there opportunity for your organization to support your local Co-op through the purchase of home and building supplies, food, fuel, and/or ag products?

3. Will you allow Co-op to promote the IMAGINE paint donation (i.e. news release, social media, video capture of event, signage, etc.)?

PROPOSED TIMELINE

Indicate your approximate paint requirements (in gallons or sq. ft.).

Indicate the project target date.



You're at home here.