



Block Watch

**Safe Communities Celebration 2009
June 22, 2009 - September 21, 2009
Grant Application
(PLEASE PRINT AND FAX OR EMAIL)**

Coordinator name: _____

Organization: _____

Name of person or group grant would be payable to: _____

Address: _____

City: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

Event/Project Information

Location of event: _____ Description: _____

Date/time of event: _____ Number of participants: _____

Provide details of how Crime Prevention/reduction will be an element of the event. (Some examples could include the following: Identity Theft, Personal Safety, Internet Safety for children and Grow-op Awareness).

These criteria must be met to qualify for the grant.

Crime prevention/reduction Elements:

Partners involved: (Include your police department, Community Police Office and corporate or other Sponsors)

How will the grant be used? _____

How is the event being promoted? _____

Grant request forms should be returned no later than May 15, 2009

Please complete this form and email, mail or fax 604-299-2503

Blockwatch@blockwatch.com

Block Watch Society of BC

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