



HARROP PROCTER COMMUNITY CO-OPERATIVE

202-284 3rd Avenue, Procter BC V1L 0B8
(250) 229-2271 www.hpcommunityforest.org

Community Support Fund Application Form

Personal Information

1. **Full Name/Name of Business:**
(First, Middle, Last)
 2. **Address:**
(Street Address, City, Postal Code)
 3. **Phone Number:**
(Home/Cell)
 4. **Email Address:**
(If applicable)
 5. **Date of Birth:**
(MM/DD/YYYY)
 6. **Preferred Method of Contact:**
(Phone, Email, Text)
-

Eligibility Information

7. **Do you live in Harrop-Procter?**
 Yes
 No
8. **Are you the homeowner of the property or owner of the small business needing financial assistance?**
 Yes
 No

If no, please provide details of your living situation:
(E.g., renting, living with family, etc.)



Progressive Forestry. Quality Wood. Community Owned.

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9. Is the issue you are seeking assistance with covered by insurance?

- Yes
- No

If yes, please explain why you are not able to get assistance through your insurance.

Request for Assistance: Home /Property or Small Business Assistance

10. Type of Assistance Requested:

- Home Repairs (e.g., plumbing, electrical)
- Basic Maintenance (e.g., painting, cleaning)
- Infrastructure (e.g., driveway, fencing)
- Other (please specify): _____

- Start Up Costs
- Marketing/Advertising
- Structural Improvement
- Product Development
- Other (please specify): _____

11. Description of the Issue:

Please provide a detailed description of the project you are seeking assistance for.

12. Estimated Cost of the Project:

(Please provide a quote, estimate, or breakdown of the costs involved)



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Do you have any other sources of funding for this project?

- Yes
- No

If yes, please provide details of other funding sources and if they are able to cover the full or partial project:

Impact Statement

13. How will receiving this financial assistance assist you in moving forward?

14. Have you received any support from the Community Support Fund in the past?

- Yes
- No

If yes, please provide details:
(e.g., type of assistance, date received)

Supporting Documents

Please attach the following supporting documents to your application:

1. **Proof of residence** (e.g., utility bill, lease agreement)
2. **Estimate, Quote or Invoice for the repairs or improvement** (if applicable)
3. **Insurance policy or denial letter** (if applicable)
4. **Any other relevant documents** (e.g., photos of damage, contractor quotes)



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Applicant Declaration

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information may result in the disqualification of my application.

Signature of Applicant:

Date:

For Office Use Only

Application Category

- Home Repair
- Small Business Support

Application Received by:

(Staff Name)

Date Received:

Application Status:

- Approved
- Denied
- Pending Further Review

Amount Approved:

\$ _____

Reason for Denial (if applicable):

Project Completion:



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Completed on: _____

Signed off by: _____

Cost of Improvement Support: _____

Return of Excess Funds:

Yes

No