

**FUEL  
GOOD  
DAY**



**APPLY  
TODAY**



**Valleyview**

## Fuel Good Day 2020 Recipient Application Form

DATE: \_\_\_\_\_

Name of group: \_\_\_\_\_

Email: \_\_\_\_\_

Town/ Address: \_\_\_\_\_

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

Group Contact: \_\_\_\_\_

Year group was founded: \_\_\_\_\_

What are the goals and mission of your group: \_\_\_\_\_

How will funding be used? \_\_\_\_\_

What are the top three accomplishments of your group:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is your group a registered Charity Group or  
Non- profit organization?

*Registered Charity*     *Non-profit organization*

Registered Charity No.: \_\_\_\_\_

Completed application form may be emailed before July 31,2020

Attn: Nicole

memberrelations@valleyview.coop

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