



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



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, etc.)? Note: Permanent Signage is required to be displayed and will be supplied.

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. A requirement for approval through this project is allowing Twin Valley Co-op to promote the donation provided. We also require before and after photos. Are you in agreement with this requirement?

PROPOSED TIMELINE

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

Indicate the project target date.

Please fill out form, include a photo of the current space that requires painting and email to marketing@twinvalley.crs.
If approved, an after photo is also required for your project.



You're at home here.