



TRAINING SUPPORT PROGRAM APPLICATION

Organizations within the Columbia Basin are invited to complete and submit this application to partner in the Training Support Program. Please send completed forms to info@thekoop.ca or fax to . Full details about the Training Support Program are available at www.thekoop.ca. If you have any questions, please call us at .

Organization Information:

Name of Organization:

Contact Person (name and title):

Email:

Mailing Address:

Website:

Phone:

Fax:

Is this agency a KBCS Co-op member? yes no Year organization was established?

What services does this organization provide? Please check all that apply:

Social service

Advocacy

Health care

Community development

Education

What is the mission statement?

Charitable Status: Please check all that apply:

Registered Charity

Not a registered charity but application for registered charitable status is in process

Incorporated non-profit organization in BC

Voluntary group (un-registered, un-incorporated)

Population(s) served: Please check all that apply:

Children and families

Seniors

Mental health clients

Youth

Aboriginal groups

Physically disabled

Victims of domestic violence

Developmentally disabled

Low income