

**THE CROWSNEST/PINCHER CREEK LANDFILL ASSOCIATION**

**Box 668**

**Pincher Creek, AB T0K 1W0**

**(403) 628-3849 Fax (403) 628-2258**

[**www.crowsnestpincherlandfill.com**](http://www.crowsnestpincherlandfill.com)

**DONATION POLICY**

**We do this**:

* to support organizations with their quest to enhance the quality of life in our community. Also to make people aware that we do offer paper picking

opportunities. We pay $15.00 per hour per person to all organizations.

By helping out your local landfill it saves the environment and we will match

all paper picking funds that you raise up to a maximum of $1000.00

* because without supplementary support, some of these activities might not exist.
* to encourage volunteers to pursue activities and events which benefit our community.

**Instructions – Easy as one two three:**

**Step One:** Complete the attached application form. Please be sure to answer each question in complete detail so the CNCP Landfill can make a proper and informed decision regarding your request.

**Step Two:** Send your completed Donation Application Form to the CNCP Landfill Association either by mail or electronically to the addresses noted below:

**Mail:** The Crowsnest/Pincher Creek Landfill Box 668 Pincher Creek, AB T0K 1W0

**Email:** cnpcadmin@toughcountry.net or call 403-628-3849 Ext #1 to schedule

a paper picking time.

**Step Three:** At the conclusion of your project you need to send a report back to the CNCP Landfill stating what the funds received from the program were specifically used for and the benefit the funds provided the community.

Thank you for the support you afford our community!

***Your CNCP Landfill Association***

Donation Application Form

**Only completed application forms will be considered.**

**Name of Organization: Contact Name:**

**Mailing Address:**

**Phone Number: Email Address:**

1. Is your organization a not for profit organization:
2. Is your organization able to raise funds? Is your organization able to help the Landfill out by picking paper?
3. Describe what your organization does and specifically how our community benefits from your organization:

1. Amount Requested:
2. How many times has your organization requested a donation from the CNCP Landfill program over the past 5 years and how much has been received in each of those years?

1. How many work hours will be volunteer work hours and how many work hours will be paid for service work hours for your project?

1. If your organization does not receive the requested funding, will it be able to continue or complete the project?
2. What is the amount of funds your organization has raised for your project?