



Rainy River District Substance Abuse Prevention Team  
396 Scott St.  
Fort Frances, ON  
P9A 1G9  
Phone: 807-274-9827 ext. 229  
Fax: 807-274-0779  
hdennis@nwhu.on.ca

Recipient Name & Address

Date

Dear \_\_\_\_\_,

Thank you for taking the time to submit a funding request form to the Rainy River District Substance Abuse Prevention Team.

We are pleased to inform you that your request for \$ \_\_\_\_\_ has been approved. As stated on your funding request form, it is expected that this money will be used for (*food, supplies, prizes, advertising*) at the (*event name*) \_\_\_\_\_ on (*date*) \_\_\_\_\_, 2007.

In order to receive the funding, we ask that your organization/group comply with the following:

- a) That the RRDSAP Team banner be displayed for the duration of your event, and returned within 5 business days of the event, and/or that the RRDSAP Team name/logo (available online at [www.preventingtragedy.org/funding.html](http://www.preventingtragedy.org/funding.html)) and Northwestern Health Unit name/logo appear on any advertising/promotional materials associated with your event.
- b) That a report of your activity be completed and handed in to Hugh Dennis, Coordinator of the SAP Team, within 5 business days of the event.
- c) That an invoice is completed and delivered to Hugh Dennis within 5 business days of the event. Also, please include copies of receipts along with the invoice.

**\*failure to comply will result in non-payment\***

If you have any questions or concerns, please contact Hugh Dennis at (807) 274-9827 ext.229, or [hdennis@nwhu.on.ca](mailto:hdennis@nwhu.on.ca)

Good luck with your event!

Hugh Dennis  
Coordinator, RRDSAP Team

Cst .Pete LeDrew  
Chairman, RRDSAP Team

**Community partners working together to prevent problems, including injuries and chronic disease, associated with alcohol and other drug abuse**  
*In Partnership with the Northwestern Health Unit*