

Grant for Assistance Joint Application



Organization Information Sheet

Name of Organization:
Mailing Address:
Telephone (office):
Purpose of Organization (From Constitution or Incorporation Documents):
How long has the organization operated in the community?
BC Society Registration Number:
Federal Charitable Registration Number: (if applicable)
Chairperson's name:
Telephone:
Treasurer or Financial Officer's name:
Telephone:

Date of last Annual General Meeting (Attach minutes and current list of Directors):

Attach the last financial statement prepared and signed by the appropriate person (i.e., CA, CGA, CMA, comptroller, bookkeeper, financial officer, treasurer, etc.).

Previous Year Grant from CRD and District (if applicable) \$ _____

NOTE: A Final Report for previous year's grant MUST be included with this submission.

Current Grant Amount Requested \$ _____



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Please answer the following questions, using additional paper if necessary.

1. What plans has your organization made to fund its activities over the next 3-5 years?

2. If your organization charges user fees/memberships/admission, attach your current fee structure:

3. What are your organization's specific goals and objectives for this year? How do they differ from previous years?

4. Who does your organization serve? (% of clients from District, % of clients from South Cariboo)

5. Does your organization receive a rental subsidy from the CRD and/or District? If so, how much?

6. Does your organization receive any benefit from permissive tax exemption, and if so, how much? (information available from District Tax Department)

7. Does your organization use CRD or District owned facilities? If so, which ones?

8. How will you indicate that the CRD and District are contributing to your organization?



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Project Summary Sheet

Please answer the following questions, using additional paper if necessary.

1. Brief Description of Proposed Use of Grant Being Applied For:

2. How do you know there is a need for this service/project in our community?

3. Is your agency applying for funds from other levels of government or other sources for this project?

4. Would you still be able to complete the project if you do not receive the other funds applied for?

5. Please describe the impact of this application being denied or approval of an amount less than requested.

6. Start date of the project: _____

End date for the project: _____



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7. Please describe the key activities that will take place to complete the project and any associated timelines.

8. Please provide a detailed financial budget for the project.

9. Please explain how you will measure and evaluate the impact of this project on the community? How will you determine if it was successful?

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

President/Chairperson