



COLUMBIA SHUSWAP REGIONAL DISTRICT

555 Harbourfront Drive NE, PO Box 978, Salmon Arm, BC V1E 4P1 | T: 250.832.8194 | TF: 1.888.248.2773 | www.csr.bc.ca

APPLICATION FOR ECONOMIC OPPORTUNITY FUNDS – Page 1

PREAMBLE:

The EOF were created specifically as a means of compensating for the loss of economic opportunities on those lands affected by the dams and reservoirs and the resultant economic impacts to the affected communities. As such, the EOF are to provide funding assistance for projects deemed by the participating members and ratified by the Corporate Board to be worthy of support in an effort to stimulate economic development within the impact areas.

Impact Areas are as follows:

- Golden and Area 'A'
- Revelstoke and Area 'B'
- Sicamous and Area 'E'
- Area 'B' only

Criteria for accessing each EOF will be based on the demonstrable and enduring benefit to the economy of the affected communities at large. The EOF are designed to stimulate economic generators, transportation facilities and infrastructure development supportable jointly by the participating members involved and approved by the Board.

The EOF shall not be used as grant-in-aid funding.

ONLY NON-PROFIT ORGANIZATIONS ARE ELIGIBLE FOR FUNDING

1. **Date:** _____

2. **Name of Organization:** _____

3. **Address:** _____

4. (a) **Date organization established in the Regional District:** _____

(b) **Registered Society in Province of BC:**

Reg. No. _____ **Date:** _____

5. **President:** _____ **Phone:** _____

Address: _____

6. **Secretary:** _____ **Phone:** _____

Address: _____

7. **Board of Directors**

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

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8. **Executive Director or contact person:** _____

Phone: _____ **Email:** _____

9. **Impact Area:** _____

10. **Society or Organization's objectives:**

11. **Purpose to which funding will be expended:**

12. **Funding Requested:** \$ _____

13. **Budget (attach copy):** \$ _____

14. **How will the project stimulate economic development within the community?**

15. **Details of community support for objectives:**

COMPLETED APPLICATIONS SHOULD BE MAILED OR EMAILED TO:
COLUMBIA SHUSWAP REGIONAL DISTRICT
ATTN: MANAGER, FINANCIAL SERVICES
PO BOX 978, SALMON ARM, BC, V1E 4P1
finance@csrd.bc.ca

ATTACH ANY ADDITIONAL INFORMATION WHICH WOULD ASSIST
IN THE EVALUATION OF YOUR REQUEST.

Note: This summary MUST be completed to process your request.

ON BEHALF OF THE ORGANIZATION,
I/WE HEREBY DECLARE THAT ALL THE INFORMATION PRESENTED
AND/OR PROVIDED WITH THIS APPLICATION IS TRUE AND CORRECT.

DATED AT _____, BC THIS _____ DAY OF _____, 20__

NAME

SIGNATURE

TELEPHONE

EMAIL