



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | www.csr.bc.ca

APPLICATION FOR GRANT-IN-AID

1. **DATE:** _____

2. **NAME OF ORGANIZATION:** _____

Society/Organization must have a bank account in its name, payments will not be made to individuals.

3. **ADDRESS:** _____

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

b) **For a Registered Society in Province of BC:**

Registration No. _____ Date: _____

c) **For a Registered Charitable Organization with Federal Government:**

Registration No. _____ Date: _____

5. **President:** _____

Phone: _____ **Email:** _____

Address: _____

6. **Secretary:** _____

Phone: _____ **Email:** _____

Address: _____

7. **Board of Directors (attached separate list, if necessary):**

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

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

Phone: _____ **Email:** _____

9. Please provide the purpose and mission statement of your organization.

10. Purpose to which grant funding will be expended:

11. Electoral Area(s) Served:

- Area A/Rural Golden Area B/Rural Revelstoke
 Area C/South Shuswap Area D/Rural Salmon Arm
 Area E/Rural Sicamous Area F/North Shuswap

12. Does your project have a measurable benefit outside of the rural areas? Y / N

13. If you answered “Yes” to question 12, please provide details of the benefit:

14. How will this project benefit residents of the Electoral Area(s) served?

15. How many persons from the Electoral Area(s) will benefit from this grant?_____How many persons from outside the Electoral Area(s) will benefit from this grant?_____

16. Explain how the project will be available to the community at large:

APPLICATION FOR GRANT IN AID - CSRD

17. Project Budget (attach copy): _____

18. Annual Budget of your organization (attach copy): _____

19. Grant request: _____ Minimum required: _____

20. Has your organization received grants in previous years from the Regional District? If so, please indicate year, type of grant, and amount (most recent three years):

YEAR	TYPE OF GRANT	AMOUNT

21. If your organization received grant-in-aid funding from the CSRD in the past year, have you complied with the CSRD post-application documentation requirements? Y/N
(See CSRD "Grant-in-Aid Reporting Form" attached)

22. List all grants received from Senior Governments (Provincial/Federal), Local Governments, Crown Agencies, and other funding agencies, for the past three years:

YEAR	TYPE OF GRANT	AMOUNT

23. List all other sources of funding for this project, e.g. membership fees, bottle drives, casinos, etc. Please include any pending or anticipated grant applications:

24. Details of community support for objectives:

25. How will the CSRD be recognized for its contribution to this project?

26. Please state size of membership in your organization: _____

27. For applications in excess of \$2,000, please attach the following supporting documentation:

- a. The organization's most recent Financial Statements.
- b. The organization's projected Statement of Revenues and Expenditures for the upcoming calendar year or twelve month fiscal period, together with comparatives for the previous calendar year or twelve month fiscal period.
- c. A comprehensive budget for the current year activities of the organization.

<p>ON BEHALF OF THE ORGANIZATION, I/WE HEREBY DECLARE THAT ALL THE INFORMATION PRESENTED AND/OR PROVIDED WITH THIS APPLICATION IS TRUE AND CORRECT</p> <p>DATED AT _____, BC, THIS _____ DAY OF _____, 20_____</p> <p>_____ NAME</p> <p>_____ SIGNATURE</p>
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<p>Please forward completed applications to:</p> <p style="text-align: center;">Jodi Pierce, Manager, Financial Services PO Box 978, Salmon Arm BC, V1E 4P1 jpierce@csrd.bc.ca</p>

ONLY NON-PROFIT ORGANIZATION ARE ELIGIBLE FOR GRANT-IN-AID FUNDING