



Grant in Aid Application Form

1. General Information of the Society or Charity (Organization)

| | | |
|--------------------------------------|--------------------|---------------------------------------|
| Organization Legal Name: | | Registration Number |
| Mailing Address: | City and Province: | Postal Code: |
| Primary Contact Person Name: | | Primary Contact Person: |
| Primary Contact Person Phone Number: | | Primary Contact Person Email Address: |

2. Organization

| | | |
|--|--|---|
| <input type="checkbox"/> BC Registered Non-Profit Society for 1 Year | <input type="checkbox"/> CRA Registered Charity for 1 year | |
| <input type="checkbox"/> Provided services for 1 Year | <input type="checkbox"/> Established Board | <input type="checkbox"/> Financial Need |
| <input type="checkbox"/> Applied of Other Funding | <input type="checkbox"/> Utilizes Volunteers | <input type="checkbox"/> Fulfilled Final Reporting Requirements |

3. Brief description of the organization

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4. Initiative

| | | |
|---|---|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Community Activity | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> New Project | <input type="checkbox"/> Community Program | <input type="checkbox"/> Arts & Cultural Initiative |
| <input type="checkbox"/> DEI Initiative (Diversity-Equity-Inclusion) | <input type="checkbox"/> Accessibility Initiative | <input type="checkbox"/> Organization Operating Costs |
| <input type="checkbox"/> Workshop/Conference/ Seminar | <input type="checkbox"/> Training & Development | <input type="checkbox"/> Other |

5. Brief description of the initiative

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6. Brief description of the importance and benefit to the community

7. Estimated number of people directly benefitting _____

8. Outline what the grant funds will be used for

9. Grant amount requested: \$_____

10. List existing partnerships, collaboration, and engagements with other local organizations

| | |
|-------|---------------|
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |

11. List all additional sources of funding received or applied for (including in-kind contributions)

| | | |
|-------|------------|---------|
| Name: | Amount: \$ | Status: |
| Name: | Amount: \$ | Status: |
| Name: | Amount: \$ | Status: |
| Name: | Amount: \$ | Status: |
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12. Required Attachments

Provide an attached detailed summary and work plan for the initiative.

Provide an attached current operating budget and prior year financial statements.

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|---|---|---|
| <input type="checkbox"/> Detailed Summary and Work Plan | <input type="checkbox"/> Current Operating Budget | <input type="checkbox"/> Prior years Financial Statements |
|---|---|---|

Declaration:

I am an authorized signing officer of this organization and I certify that the information given in this application is correct and endorsed by the organization that I represent. Should a grant be approved, I agree that it will be used in the manner that it was applied for.

Signature

Date

IMPORTANT INFORMATION

- Refer to Village of New Denver Grant in Aid Policy for detailed information.
- Deadline for submissions is December 15th.
- Late submissions will not be accepted.
- Incomplete submissions will not be accepted.
- Applications will be presented to Village of New Denver Council for review during next year's budget deliberations.
- Notification of successful applications will be provided by March 1st.
- Organizations receiving a grant from the Village of New Denver will be required to provide a final report in the prescribed form. Failure to provide a final report will negatively affect your ability to apply for future grants.
- Applicants carrying accumulated surpluses/reserves must clearly explain their intended use of these funds.
- Financial statements and operating budgets must be attached to your application.
- Please provide as much detail as possible. This will assist Council in making an accurate and responsible assessment of your needs. Please include any additional information you feel is relevant.

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|---|---|
| Please return completed application to: | Village of New Denver P.O. Box 40, 115 Slocan Ave, New Denver BC V0G 1S0 |
| or email: | office@newdenver.ca |

Personal information contained on this form is collected under the *Community Charter* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing the application.
office@newdenver.ca || 250 426 4211

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|-----------------|---|----------------|---------------|
| Office Use Only | <input type="checkbox"/> Documents Received | Date Received: | Staff Person: |
|-----------------|---|----------------|---------------|