



# Central Coast Regional District

## Grant Writer Support Program

### Request for Assistance Form

Please complete the form with as much detail as possible and return to the CCRD Office at 626 Cliff Street, Bella Coola or email to [grantwriter@ccrd-bc.ca](mailto:grantwriter@ccrd-bc.ca) and we will contact you shortly.

Have read the '[Preparing to Work with a Grant Writer](#)' criteria.

Date: \_\_\_\_\_

#### Part A: Applicant Information

Organizations Name: \_\_\_\_\_

Applicant Type:

- |  |   |
|--|---|
| <input type="checkbox"/> Not-for-Profit Organization | <input type="checkbox"/> Registered Charity       |
| <input type="checkbox"/> Indigenous Organization     | <input type="checkbox"/> Faith Based Organization |
| <input type="checkbox"/> School and School Boards    | <input type="checkbox"/> Community Group          |
| <input type="checkbox"/> Other                       |   |

Brief Description of the purpose/Mandate of your organization:

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website/Social Media: \_\_\_\_\_

Area(s) of Interest:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Arts & Culture      | <input type="checkbox"/> Environment   | <input type="checkbox"/> Community Safety & Awareness |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Seniors       | <input type="checkbox"/> Health & Wellness            |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Child & Youth | <input type="checkbox"/> Other                        |

Assistance Requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Identification of Funding Sources | <input type="checkbox"/> Reviewing Proposal        |
| <input type="checkbox"/> Developing a Project Plan         | <input type="checkbox"/> Writing Grant Application |

Is there a specific funding opportunity your organization is currently interested in?

- Yes  No

If yes, please specify:

**Part B: Project Information**

Provide a brief description of your project(s):

Please provide an estimated cost for your project(s):

Any other sources of funding? (Government, Trust, In-Kind, etc.)

**Part D: Supporting Documents**

Please indicate which supporting documents your organization has:

- Recent Annual Financial Statements     Yes     No
- Board of Directors/Council List         Yes     No
- Certificate of Incorporation             Yes     No
- Letters of Support                         Yes     No
- Letters of Confirmation                  Yes     No
- Budget                                         Yes     No
- Quotes /Cost Estimates                  Yes     No
- Board/Council Resolution                Yes     No
- Other:

Internal Use	Date: _____
Support Approved: <input type="checkbox"/> Yes - # of Hours _____	
<input type="checkbox"/> No - Rational: _____	