

# CENTRAL COAST REGIONAL DISTRICT POLICIES

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## F-17 – Application for Grant-in-Aid

**Purpose:** To enable the Board to allocate budgeted Grants-in-Aid funds in a consistent and fair manner; by ensuring comparable consideration is given to all applications.

**Eligibility:** Organizations must meet the following criteria in order to be considered for a Grant-in-Aid.

1. Have a mailing address and contact representative within the regional district;
2. Be non-partisan, non-denominational and not for profit OR at the approval of the CCRD Board be a well-established community group;
3. Provide a service to the residents within the regional district; and
4. Have funding sources other than the Central Coast Regional District (ie- other grants, donations, membership revenue, corporate donations, etc.

Applications may be for:

1. Operation Funding
2. Capital Expenditure
3. Events- Reoccurring
4. Events – One-time

Only one application per organization will be accepted, per year.

The Regional District does not intend to provide assistance under the provisions of the Local Government Act to replace the financial responsibilities of senior levels of government, other governments or government agencies and affiliates, or to replace primary funding opportunities such as grants offered by senior levels of government.

The Regional District does not intend to regularly fund operations such that existence of the service is dependent on CCRD Grant-in-Aid funding..

### **Application Process:**

In the month of December each year, staff will advertise the process for organizations to submit a Grant-in-Aid application to the Regional District for consideration in the following year.

Organizations must submit the Grant-in-Aid Application Form with all supporting documentation (as outlined in Appendix A) no later than 4pm February 1st or the first business day in February. Incomplete or late applications will not be considered.

### **Approval Process:**

Prior to the February Regular Meeting of the Board, all applications will be reviewed for eligibility and to ensure the correct documentation has been submitted.

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A report of all eligible applications with a completed administrative checklist as the cover page will be presented to the Board at the February meeting for their consideration and final decision.

### **Release of Funds:**

Applicants will be advised in writing as to whether or not they have been awarded a Grant-in-Aid.

Organizations awarded Grant-in-Aid will receive funding in August of each year.

If the organization requires Grant-in-Aid funding before August, it must submit a request in writing for early release of the Grant-in-Aid.

### **Conditions of Funding:**

Funds must be used for the purpose for which they were granted.

Organizations that received Grant-in-Aid funds must report to the CCRD how the funds were spent no later than the last working day of December of the granting year (using Appendix C – Report on Grant-in-Aid funding as a guide).

In the event that any portion of funds are not expended, the CCRD reserves the right to request the return of said funds.

Funds that are not used for the intended purpose or a failure to report by the determined date without prior written consent from the Board of Directors will result in a request to return the funds. Failure to do so will result in the applicant being ineligible for funding for a period of 3 year. At the discretion of the Board of Directors this ineligibility period may be extended beyond the 3 years.

### **Administration:**

CCRD Administration may amend Appendix A, B and C as required.

CCRD Administration will provide a reference document to the board of directors that shows potential distribution of annual funding per electoral area, that is based 50% on assessment value and 50% on Census Canada population figures. Final discretion for allocation of the funds rests with the board of directors,

Date: December 11, 2014 - Resolution 14-12-43  
Amended: November 13, 2015 – Resolution 15-11-28  
Amended: November 10, 2016 – Resolution 16-11-20

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## F-17- Application for Grant-In-Aid – APPENDIX ‘A’

**Please ensure the following are included in your Grant-in-Aid application. Incomplete applications will not be considered. Please include this checklist with your application.**

- A completed and signed application form (Appendix B);
- The budget and detailed cost estimates, revenues and expenses (if the application is for a project based initiative only the budget for the project is required);
- └ A copy of your organizations most recent financial statements, including an income statement and balance sheet OR, if applying for less than \$500, a written financial report for the previous year;

Please provide the following information.

- A description of
  - └ (a) Your organizations mandate, mission, and objectives;
  - └ (b) How the success of the initiative will be evaluated;
  - └ (c) How this initiative will provide a service to Central Coast Regional District residents or a direct benefit to a community in the Central Coast Regional District;
  - └ (d) How the initiative will be funded in future years (Write ‘N/A’ if the application is for a one-time project/event);
- └ List of key dates and/or milestones for the initiative;

The Central Coast Regional District has a limited budget for the Grant-in-aid program and the program may be oversubscribed. To better understand the impact CCRD funding will have on the success of your initiative and the Central Coast Regional District, please answer the following questions.

Place a checkmark beside the following priorities that your application aligns with. For each checkmark please provide a paragraph (no more than 500 words) demonstrating how your organizations application aligns with the priority.

- └ Promote volunteer participation and engagement.  
Promote a healthy lifestyle through sport, recreation, leisure, and/or social opportunities.
- └ Celebrate community pride and diverse heritage and culture through art, festivals, and/or events.
- └ Meet the needs of the community by using new approaches and techniques.
- └ Exercise coordination, cooperation, and collaboration with other groups to prevent duplication of projects, programs, services, or events.
- └ CCRD Integrated Strategic Plan 2015-2019
- └ Provide a service that meets a community need.

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**F-17 APPLICATION FOR GRANT-IN-AID FUNDS – APPENDIX B**

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

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

Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

Are you a: (Yes/No) Society \_\_\_\_\_ Charity \_\_\_\_\_ Corporation/Company \_\_\_\_\_ Other \_\_\_\_\_

Registration Date: \_\_\_\_\_ Registration # \_\_\_\_\_

Note: Registration date and number are only required if the application is for more than \$500.

Proposed use of funds (select one):

- Operational Funding (not to exceed 50% of annual operating budget)
- Capital Expenditure
- Events – reoccurring
- Events – one-time

List any other funding partners (cash or in-kind) that will be contributing to the success of the initiative identified above.

Partners	In-Kind	Cash	% of total initiative
Your organization			
CCRD			
<b>Total</b>			<b>100%</b>

Has your organization received CCRD Grant-in-Aid funding support in the past 3 years? (Y / N)

If yes, please list the project/initiative title, year, and amount received below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are CCRD Grant-in-Aid funds being used to leverage other funding applications? \_\_\_\_\_

Are you aware of other foundations, funding organizations, or government programs that align with your organizations mandate, mission, and objectives? \_\_\_\_\_

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Identify the Electoral Area(s) that directly benefit from your application. \_\_\_\_\_

**Please review Application Checklist for required documentation and definitions.:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Position

Mail to: Central Coast Regional District, Box 186, Bella Coola, BC V0T 1C0

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**F-17 Application for Grant-In-Aid – APPENDIX C**

**REPORT ON GRANT-IN-AID FUNDING  
Due on or before last working day of December of current year**

Name of Organization	
Mailing Address	
Name of Contact Person (Position)	
Email Address	
Total Amount Received from the CCRD	
Please attach copies of invoices(s) if funds were for a project or capital expenditure.	
<input type="checkbox"/> Attached	
Please provide the following information on separate sheets of paper. Responses should be numbered as listed below.	
<ol style="list-style-type: none"><li>1. A descriptive narrative summary of activities undertaken;</li><li>2. An evaluation of the benefits received by the community with regards to the initiative that was undertaken;</li><li>3. A statement of actual revenue and expenses (clearly identifying how the CCRD funds were used)</li></ol>	

Mail to: Central Coast Regional District  
Box 186, Bella Coola, BC V0T 1C0  
Or Email to: [info@ccrd-bc.ca](mailto:info@ccrd-bc.ca)