

CENTRAL COAST REGIONAL DISTRICT
POLICIES

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			
Total			100%

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? _____

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

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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