



Making a difference...together

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**Capital Regional District**  
**Grant-In-Aid Application Form**  
**FOR ELECTORAL AREAS ONLY:**  
**Juan de Fuca**  
**Salt Spring Island**  
**Southern Gulf Islands**

[Revised November 16, 2012]

## CRD GRANT-IN-AID APPLICATION FORM

Grants-In-Aid are for the CRD Electoral Areas only: Juan de Fuca, Salt Spring Island, and Southern Gulf Islands

### *Application Submitted By*

Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact(s): \_\_\_\_\_ (name) \_\_\_\_\_ (phone) \_\_\_\_\_ (fax)

\_\_\_\_\_  
Email address

Contact(s): \_\_\_\_\_ (name) \_\_\_\_\_ (phone) \_\_\_\_\_ (fax)

\_\_\_\_\_  
Email address

### *Application Summary*

Project or purpose for which you require assistance:

Amount of grant requested \$ \_\_\_\_\_

To the best of my knowledge, all of the information that is provided in this application is true and correct. Furthermore, I hereby certify that this application for assistance is:

- **NOT** being made on behalf of an industrial, commercial, or business undertaking
- **NOT** available for the personal benefit of any individual, proprietor, member or shareholder

\_\_\_\_\_  
(signature of authorized signatory)

\_\_\_\_\_  
(title)

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

## Applicant Profile

1. Please describe the services / benefits that your organization provides to the community. Are these services / benefits available to the community from another organization or agency?

2. Describe the geographic area that receives services or benefits from your organization.

3. Is your organization voluntary and non-profit?      NO      YES

Please detail any remuneration paid, or funds otherwise made available to members, officers, etc. of your organization.

Please indicate the number of members / volunteers in your organization and how long your organization has been in operation.



## Funding and Financial Information

1. Attach supporting financial information, i.e., budget / financial report. Ensure the following information is clearly itemized;
  - o ] roject à~ â\*^ç
  - o grants / funding from other sources,
  - o funding contributed by applicant through fund raising activities or other sources of revenue and,
  - o ~~ā ā 8ā{ ^ } ā{ ā^•~~ Total expenses for the fiscal year, including any monies and/or benefits paid to members or officers.

2. Have you applied for a grant / funding from another source(s)?      NO      YES

**If yes**, complete the following chart. **If no**, please explain \_\_\_\_\_

Name of Grant or Funding Agency	\$ Amount Applied For	Status of Grant Application		
		Approved (Y)	Denied (Y)	Pending (Y)

3. Have you received assistance (grant in aid / waiving of fees, etc.), from the CRD in previous years?

NO      YES..... **If yes**, please complete the following chart.

Year	\$ Amount	Purpose for which assistance was used

4. Does your organization:

Offer direct financial assistance to individuals or families? Yes No

Provide services that fall within the mandate of either  
a senior government or a local service agency? Yes No

Provide an opportunity for individuals to make direct  
Contributions to the project (e.g., fundraising for the project)? Yes No

Or, is your organization:

part of a Provincial or National fund raising campaign? Yes No

The information provided in Section 4 is for data collection purposes.

**Followup:**

Please refer to Page 6 of the ***Grant-In-Aid - Application Completion Guide*** regarding the following:

**1. Acknowledgement**

**2. Reporting**

***Please remember to attach.***

1. Project budget
2. Financial statement for your organization