



Making a difference...together

EQUITY GRANTS - Self-Identification

The Capital Regional District (CRD) Arts & Culture Support Service **Equity Grants** support arts initiatives by applicants from communities that face barriers to accessing funding or are at risk of exclusion for systemic reasons.

This form identifies the lead applicant for an Equity Grant whether a group or a not-for-profit society, and their community affiliation. The information in this form is confidential and will only be used:

- to establish eligibility through self-identification for Equity Grants;
- to contact applicants for purposes related to this or other CRD programs;
- to help the CRD Arts & Culture Support Service gather statistics about how we are reaching excluded communities.

Select one:		
<input type="checkbox"/> We are a not-for-profit society from an eligible community		
<input type="checkbox"/> I/We are a group from an eligible community without not-for-profit status		
Contact person	Name: <input type="text"/>	Surname: <input type="text"/>
Name of your not-for-profit society (if applicable)		<input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>		Province: BC
Postal Code: <input type="text"/>		
Phone: <input type="text"/>		E-mail: <input type="text"/>

Sample

Please indicate your affiliation with the following communities (check all applicable):

- Indigenous
- Racialized persons or people of colour – specify:
- Deaf
- LGBTQ2
- Those living with the challenges related to a physical disability
- Those living with the challenges related to mental illness
- Other – specify:

Is this your first time applying to a CRD Arts funding program? Yes No

Where did you hear about the program?

Are you a past recipient of CRD Arts funding? Yes No

If yes, what program?

I have signed below to confirm that I agree to the following:

- The information I have provided is true and complete.
- The personal information on this form will be used only for the purposes stated in this form and that the CRD Arts Service requires my written consent before they can use my information for any other purpose.

Signature:

(Electronic signature accepted)

Date:

