



District of Metchosin

4450 Happy Valley Road, Victoria, BC V9C 3Z3
tel (250) 474-3167 fax (250) 474-6298
www.metchosin.ca

GRANT IN AID APPLICATION

I. Organization

1. Name: _____

2. Mailing address: _____

3. BC Registered Society #: _____ Date Registered: _____
or Federal Government Registered Charitable Organization #: _____
Date Registered: _____

4. Contact Person: _____
Phone: () _____ Fax: () _____ E-Mail: _____
Alternate Contact: _____ Phone: () _____

5. Board of Directors (write in below or attach separate listing):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. How many members are in your organization? _____
What percentage are Metchosin residents? _____

7. Organization Type

- health/social services youth services arts & culture sports & recreation
 tourism/economic development other:

8. Organization's Objectives (attach additional information if available):

9. Outline the services and/or facilities provided in Metchosin (attach additional information if available):

10. Approximate number of people/customers served or benefiting from your organization's services or facilities in Metchosin (annually): _____

What percentage are Metchosin residents? _____

What percentage are youth? _____

II. Grant In Aid Request

Grant In Aid Requested: \$ _____

Total Project Budget: \$ _____

Project Description: _____

Proposed Timeline of Project: _____

III. Financial Information

11. Grants received from the District of Metchoshin:

<u>Project</u>	<u>Year</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Does your organization or the organization that owns the building that you occupy receive a permission tax exemption from the District of Metchoshin?

13. Grants received from other governments and agencies over the past three years:

<u>Agency</u>	<u>Year</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List all governments and agencies from whom a grant has been requested for the current or following year, and note amount and status of request.

<u>Agency</u>	<u>Amount Requested</u>	<u>Decision</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Applications **MUST** be accompanied by the following supporting information:

- a) The organization’s most recent financial statements, including an income statement and balance sheet.
- b) The organization’s projected budget for the upcoming calendar or fiscal year, together with comparatives for the previous year.
- c) A separate and detailed breakdown of any capital expenditures included in (b) above.

16. If your statements indicate cash reserves or balances, please explain their purpose.

IV. Declaration (must be completed by a signing officer of the organization):

On behalf of the organization, I hereby declare that all the information presented and provided with this application is true and correct.

Name (please print)

Position

Signature

Date

For your application, please

- submit application documents single-sided, including financial statements
- do not include booklets
- do not include confidential information
- do not include more than 20 single-sided pages of information, including this form

Submit your completed application to:

Mayor and Council, District of Metchosin
4450 Happy Valley Rd, Victoria, BC V9C 3Z3

<p>APPLICATION DEADLINE: March 15th (or the next business day if March 15th falls on the weekend)</p> <p>You will be notified in writing of the meeting at which your application will be considered by the Finance Committee.</p> <p>Please note that grants in aid approved by the Council will not be issued until June of that year.</p>
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