



GRANT-IN-AID APPLICATION FORM

POLICY STATEMENT:

The Applicant for a Grant-In-Aid shall generally comply with the following policy:

Eligibility

The primary purpose for a grant-in-aid is to provide one-time financial assistance to a non-profit organization for a specific project. Grants are considered on a year-to-year basis and continuing support should not be anticipated.

Application

All grant-in-aid applications shall be submitted, in writing, **prior to the third Friday in September**, to the District Office for consideration of inclusion within the following year's Budget.

The application should include the previous year's financial statements if available and a budget for the period for which funds are being sought. Please attach any additional information your organization feels will support this application.

Submit the application form by e-mail or regular post:

Attn: Chief Financial Officer
District of Ucluelet
PO Box 999
Ucluelet, B.C. V0R 3A0
info@ucluelet.ca

Criteria

1. The organization must provide a social enrichment service to the District of Ucluelet.
2. The organization must be local in nature, in that the grant requested is for a specific service to the residents of the District of Ucluelet.
3. The organization must be non-profit and provide a budget for its operation noting any other sources of funds and stating specifically the grant request for the District. Is the organization applying elsewhere for grants? If so, from where?
4. The organization will submit a report within a reasonable time after the grant has been received as to how the funds were expended.
5. The District will not grant monies to a subsidized or commercial organization.
6. The organization must demonstrate that the service provided does fill a need in the community, and that there is no overlapping services already existing.
7. Grants will not be provided for sports organizations for competition/travel expense.

GRANT-IN-AID APPLICATION FORM

Organization:

| | | |
|-------------------------|-----------------|--------------------------|
| Name of Organization: | | |
| Society Registration #: | Contact Person: | Contact Person Position: |
| Phone: | Fax: | E-mail: |
| Mailing Address: | | |

| | | |
|---|--|---|
| Organization Type: | | |
| <input type="checkbox"/> Health/Social Services | <input type="checkbox"/> Tourism/Economic Development | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Other: |
| Purpose of Organization: | | |
| Organization's Objectives (attach additional information if available): | | |
| Nature of Services Provided by Organization: | | |
| How many people do you expect to serve by this Grant Application? | Who are the people to benefit from your activity or functions? | |

Grant:

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|--------------------------------|----|
| Grant-in-aid Amount Requested: | \$ |
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| Activity or Functions to be Supported by this Grant Application: |
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| Implications for the Organization if this Grant is not approved: |
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Declaration: On behalf of the organization, I hereby declare that the information included in this application is true and correct to the best of my knowledge.

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|----------------------|--|
| Signature: | |
| Position\Title: | |
| Date of Application: | |

OFFICE USE ONLY

| | |
|----------------------------|--|
| Date Application Received: | |
| Amount Awarded: | |