

UCLUELET GRANT-IN-AID/IN-KIND CONTRIBUTION APPLICATION FORM **APPLICATION FORM**

Name of Organization:		
Society Registration #: Contact Person: Contact Person Position:		
Phone: Fax:		E-mail:
Mailing Address:		
NOTE: Field space is limited. If you need more space, please attach in a separate document.		
Organization Type:		
☐ Health/Social Services ☐ Tourism/Economic Development ☐ Youth Services		
☐ Arts & Culture ☐ Sports & Recreation ☐ Other:		
Purpose of Organization:		
Organization's Objectives (attach a		a if available):
Nature of Services Provided by Organization:		
How many people do you expect to serve by this Application?	Who are the people functions?	le to benefit from your activity or

Activity or Functions to be Supported by this application (if applying for an In-Kind contribution such as providing meeting space please provide preferred details. ie how many times/hrs per month/location etc):		
Implications for the Organiza Would the project occur if par	tion if this application is not approved. rtial funds were awarded?	
Grant-In-aid Amount Requested: \$ (not applicable to In-Kind requests)		
<u>Declaration</u> : 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.		
Signature:		
Position\Title:		
Date of Application:		
OFFICE USE ONLY		
Date Application Received:		
Amount Awarded:		