



DISTRICT OF  
**UCLUELET**

## GRANT-IN-AID/IN-KIND CONTRIBUTION APPLICATION FORM

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 Application?	Who are the people to benefit from your activity or functions?	
	_____	
	_____	
	_____	
	_____	

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 Organization if this application is not approved.  
Would the project occur if partial funds were awarded?


Grant-In-aid Amount Requested:   \$ <i>(not applicable to In-Kind requests)</i>
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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.

Signature:	
Position\Title:	
Date of Application:	

OFFICE USE ONLY

Date Application Received:	
Amount Awarded:	