



**ELECTORAL AREA A
RECREATION AND CULTURE
GRANT PROGRAM**

APPLICATION FOR FUNDING

**ELECTORAL AREA A RECREATION AND CULTURE
GRANT PROGRAM APPLICATION FORM**



Date of Application: (m/d/y) ____ / ____ / ____

A. ORGANIZATION INFORMATION

1. Name of Organization: _____

Contact Name: _____

Position: _____

Phone Number(s): _____ Alternate: _____

Mailing Address: _____

Postal Code: _____

2. How long has the organization been established? _____ year (s)

3. Is the organization non-profit? If "No" please explain rationale for applying.

Yes No

B. PROGRAM / EVENT / PROJECT INFORMATION

Please ensure that you fill out the information completely to ensure your application is considered - if more space is needed, please attach a separate sheet of information.

1. Check **only one** of the following categories in **a), b) or c)**:

- | | | | |
|--|---------|-------|---------|
| a) New: | Program | Event | Project |
| b) Expansion/Enhancement of Existing: | Program | Event | Project |
| c) Ongoing annual (<i>have applied previously for the same</i>): | Program | Event | Project |

2. Please check one of the following that best describes the program, event, or project:

Recreation Sports Culture Fine Arts Performing Arts

3. Name of the Program/Event/Project: _____

4. Location: _____

5. Date(s): _____

6. Time(s): _____

7. Ages of targeted participants / audience: _____

8. Approximate number of participants / audiences to be served: _____

9. Please check applicable area(s) of Electoral Area A being served:

Cassidy: Cedar: South Wellington: Yellow Point:

10. Total amount requested: \$_____ (budget details to be completed in Section C)

Additional Information:

Purpose / Goals and Objectives of Program / Event / Project:

Brief Background Information of Organization and Services:

Describe how you will evaluate the success of the program / event / project:

Describe how you plan to market / promote the program / event / project:

Provide a summary of the program / event / project including benefits to participants and the community, community support through volunteers and/or community partners:

Please provide any other relevant information:

C. FINANCIAL INFORMATION

1. Specify, in general, what the funds will be used for:

2. Copy of a specific program / event / project budget included? Yes No

Give reason if no: _____

3. Copy of organization’s financial statement included? Yes No

Give reason if no: _____

4. What other efforts is the organization undertaking to obtain other funding for this program / event / project?

5. Have any requests for other funding been granted? Yes No

Granted by: _____

Please outline on the following page the projected budget information including:

- all revenues associated with the project (fees, other grants, donations, etc.)
- all expenses associated with the project
- all revenues / costs for the project should be completed under the applicable column **“Projected”**.
- in addition, please add any in-kind services and estimated value that are being donated

Please ensure that you fill out the information completely to ensure your application is considered. Some of the following budget line items may or may not apply to your program / event / project - only complete what is applicable.

You may wish to submit your own budget information on a separate form and attach to the application, if desired or if a budget has already been completed.

PROGRAM / EVENT / PROJECT FINANCIAL / BUDGET INFORMATION:

EXPENSES	YEAR 20__
	Projected (To be completed for application)
Supplies / Equipment:	
Facility / Venue Rental	
Permits	
Insurance	
Advertising Costs (marketing / publicity)	
Vehicle Rentals	
Administrative Costs (specify, i.e., photocopying, mail, etc.)	
Equipment Rentals (specify, i.e., tents, stage, lights, sound, etc.)	
Materials / Supplies (specify the type of materials / supplies)	
Additional On-Site Costs (specify)	
Fundraising Expenses (specify)	
Other (specify)	
Total Expenses = Line A	\$

REVENUES	YEAR 20__
	Projected (To be completed for application)
Earned Revenue:	
Registration / Course Fees	
Admission / Ticket Sales	
Advertising Income	
Rentals	
Other (please specify):	
B. Total Earned Revenue:	
Fundraising Revenue:	
Donations – Charitable (Churches, Service Clubs, Societies, etc)	
Donations – Corporate (Businesses, Private Organizations)	
Cash Sponsorships	
Fundraising Events	
Other (please specify):	
C. Total Fundraising Revenue:	
Other Government Revenue:	
Municipal Grants	
Provincial Grants	
Federal Grants	
Other (please specify):	
D. Total Government Grants:	
Total Revenues (Lines B + C + D) = Line E	\$ _____
Line E – Line A (Revenues – Expenses) = total amount of Regional District Grant funding requested to cover shortfall	\$ _____

Please Note: If you are receiving any in-kind services for the program / event / project, please outline the type of service, the source donor, and estimated value:

<u>Type / Source</u>	<u>Estimated Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

When complete, please save as a copy, attach to an email with the subject line: "Electoral Area A Recreation and Culture Grant Program" and submit to recparks@rdn.bc.ca