

Application for Grant in Aid

District of Coldstream

9901 Kalamalka Road Coldstream, BC V1B 1L6 t: 250-545-5304 f: 250-545-4733

coldstream.ca

ORGANIZATION INFORMATION									
Арр	lication Da	nte:							
Name of Group:									
Contact Person:									
Mai	ling Addre	SS:							
City	:				Prov:			Posta	al:
Pho	ne:				Email:				
BOARD OF DIRECTORS (or attach separate listing)									
Offic	cer # 1:		Position:						
Offic	cer # 2:		Position:						
Offic	cer # 3:		Position:						
Province of BC Society Registration #:							Date of Incorporation	on:	
Federal Charity/Society Registration #:					Date o		Date of Incorporation	on:	
CHECKLIST									
	The organization's most recent Financial Statements, including an Operating Statement and a Balance Sheet, or equivalents.								
	_	The organization's most recent Budget of revenue and expenditures, together with comparatives for the previous 12-month fiscal period. Please show capital expenditures separate from operating expenditures.							
	Proof of good standing with the registrar under the Society Act of BC.								
	☐ Other pertinent information in support of your request.								
YOUR ORGANIZATIONS OBJECTIVES AND SERVICES (please read the policy statement on annual grants)									
1.	Describe	your organization's purpo	se and missi	on and h	ow your	service	es meet them:		
2.	How is th	e function of your organiz	ation mainly	for the	benefit o	of the c	itizens of Coldstream	1?	

3.	How long has your organization been in existence in Coldstream?					
4.	Describe your client group(s)					
5.	Provide details on the current membership of your organization (i	.e. number of members, fees/due paid etc.)				
6.	How is your organization working towards self-sufficiency?					
GRA	ANT INFORMATION					
7.	Grant Amount Requested:					
8.	Purpose to which grant funds will be expended: example: Operation					
9.	Has your Organization received a grant in previous years from the amount for past three years.	District of Coldstream. Please indicate year and				
	Year Amount					
		_				
		- Value of Tay Syamption:				
10.	Does your organization receive any benefit from a permissive tax exemption, and if so, how much? (Information available from District of Coldstream Tax Department)	Value of Tax Exemption: ☐ No ☐ Yes				

other funding Agencies for the past	three years.	Governments, Crown Agencies, and				
Name of Contributors	Year	Amount Received				
12 List all other propries to whom a re-		was a second of required and				
status of request.	ant has been requested for the ensuing yea	r, note amount of request and				
·						
DECLARATION						
	g officer of the organization) hereby declar	e that all the information presented				
and provided with this application is true and correct.						
Signature	Print Name	Date				
Position:						
PLEASE FORWARD PRIOR TO Se	eptember 30th, OF THE ENSUING	YEAR, TO:				
Attention: Director of Financial Adminis	tration					
District of Coldstream 9901 Kalamalka Road						

This information is collected for administrative and/or operational functions of the District of Coldstream, authorized by the Community Charter. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions regarding the collection of this information, you may contact the Director of Corporate Administration.

Coldstream BC V1B 1L6

PROPOSED PROGRAM BUDGET

NAME:	YEAR:	
List all expenses and sources of project revenue, including "in-kind" contributi	ons from y	our (or any other)

organization. A. INCOME **LAST FISCAL YEAR** THIS FISCAL YEAR (If program was in existence) (Proposed program budget) District of Coldstream Grant(s) Fees or Membership Dues Government Revenue (specify) Interest Income Bingo revenues Casino revenues **Fundraising projects** Other Revenue (specify) **Total Income B. EXPENSES** Administration Wages/Honouraria/Benefits Supplies and Equipment **Major Capital Costs** Mortgage/Rent/Utilities

Fees (licensing, etc.)

Shipping/Transportation Advertising/Printing/etc.

Insurance

Other(specify)

Total Expenses

NET SURPLUS/LOSS