

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?

GRANT INFORMATION

7. Grant Amount Requested:

8. Purpose to which grant funds will be expended: example: Operational, Special Event, Start up Grant, Special Project

9. Has your Organization received a grant in previous years from the District of Coldstream. Please indicate year and amount for past three years.

Year	Amount
_____	_____
_____	_____
_____	_____

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)

- No
- Yes

Value of Tax Exemption:

PROPOSED PROGRAM BUDGET

NAME: _____ YEAR: _____

List all expenses and sources of project revenue, including “in-kind” contributions from your (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.)		
Insurance		
Shipping/Transportation		
Advertising/Printing/etc.		
Other(specify)		
Total Expenses		
NET SURPLUS/LOSS		