



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.

<b>A. INCOME</b>	<b>LAST FISCAL YEAR</b>	<b>THIS FISCAL YEAR</b>
	<b>(If program was in existence)</b>	<b>(Proposed program budget)</b>
District of Coldstream Grant(s)		
Fees or Membership Dues		
Government Revenue (specify)		
Interest Income		
Bingo revenues		
Casino revenues		
Fundraising projects		
Other Revenue (specify)		
<b>Total Income</b>		
<b>B. EXPENSES</b>		
Administration		
Wages/Honouraria/Benefits		
Supplies and Equipment		
Major Capital Costs		
Mortgage/Rent/Utilities		
Fees (licensing, etc.)		
Insurance		
Shipping/Transportation		
Advertising/Printing/etc.		
Other(specify)		
<b>Total Expenses</b>		
<b>NET SURPLUS/LOSS</b>		