



# COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1  
T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | [www.csr.bc.ca](http://www.csr.bc.ca)

## APPLICATION FOR GRANT-IN-AID

1. **DATE:** \_\_\_\_\_

2. **NAME OF ORGANIZATION:** \_\_\_\_\_

Society/Organization must have a bank account in its name, payments will not be made to individuals.

3. **ADDRESS:** \_\_\_\_\_

4. a) **Date organization established in the Regional District:** \_\_\_\_\_

b) **For a Registered Society in Province of BC:**

Registration No. \_\_\_\_\_ Date: \_\_\_\_\_

c) **For a Registered Charitable Organization with Federal Government:**

Registration No. \_\_\_\_\_ Date: \_\_\_\_\_

5. **President:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

6. **Secretary:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

7. **Board of Directors:**

a. \_\_\_\_\_ d. \_\_\_\_\_

b. \_\_\_\_\_ e. \_\_\_\_\_

c. \_\_\_\_\_ f. \_\_\_\_\_

8. **Executive Director or contact person:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**9. Organizations objectives:**

**10. Purpose to which grant funding will be expended:**

**11. Electoral Area(s) Served:**

- |  |  |
|--|--|
| <input type="checkbox"/> Area A/Rural Golden   | <input type="checkbox"/> Area B/Rural Revelstoke |
| <input type="checkbox"/> Area C/South Shuswap  | <input type="checkbox"/> Area D/Rural Salmon Arm |
| <input type="checkbox"/> Area E/Rural Sicamous | <input type="checkbox"/> Area F/North Shuswap    |

**12. Does your project have a measurable benefit outside of the rural areas? Y / N**

**13. If you answered “Yes” to answer 6, please provide details of the benefit:**

**14. How will this project benefit residents of the Electoral Area(s) served?**

**15. Explain how the project will be available to the community at large:**

**16. Budget (attach copy):** \_\_\_\_\_

**17. Grant request:** \_\_\_\_\_ **Minimum required:** \_\_\_\_\_

- 18. Has your organization received grants in previous years from the Regional District? If so, please indicate year, type of grant, and amount (most recent three years):**

YEAR	TYPE OF GRANT	AMOUNT

- 19. If your organization received grant-in-aid funding from the CSRD in the past year, have you complied with the CSRD post-application documentation requirements? Y/N**

(See CSRD "Grant-in-Aid Reporting Form" attached)

- 20. List all grants received from Senior Governments (Provincial/Federal), Local Governments, Crown Agencies, and other funding agencies, for the past three years:**

YEAR	TYPE OF GRANT	AMOUNT

- 21. List all other sources of funding for this project, e.g. membership fees, bottle drives, casinos, etc. Please include any pending or anticipated grant applications:**

- 22. Details of community support for objectives:**

- 23. How will the CSRD be recognized for its contribution to this project?**

**24. Please state size of membership in your organization:** \_\_\_\_\_

**25. For applications in excess of \$2,000, please attach the following supporting documentation:**

- a. The organization's most recent Financial Statements.
- b. The organization's projected Statement of Revenues and Expenditures for the upcoming calendar year or twelve month fiscal period, together with comparatives for the previous calendar year or twelve month fiscal period.

**ON BEHALF OF THE ORGANIZATION, I/WE HEREBY DECLARE  
THAT ALL THE INFORMATION PRESENTED AND/OR PROVIDED WITH THIS  
APPLICATION IS TRUE AND CORRECT**

**DATED AT** \_\_\_\_\_, BC, **THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SIGNATURE**

**Please forward completed applications to:**

**Jodi Pierce, Manager, Financial Services  
PO Box 978, Salmon Arm BC, V1E 4P1  
jpierce@csrd.bc.ca**

**ONLY NON-PROFIT ORGANIZATION ARE ELIGIBLE FOR GRANT-IN-AID FUNDING**