



COMMUNITY GRANTS PROGRAM APPLICATION

NAME OF ORGANIZATION	GRANT AMOUNT REQUESTED
MAILING ADDRESS	
POSTAL CODE	CONTACT PERSON
EMAIL ADDRESS	TELEPHONE NUMBER

PLEASE REVIEW THE COMMUNITY GRANTS CRITERIA OUTLINED ON THE LAST PAGE OF THIS FORM. DOES YOUR ORGANIZATION MEET THE CRITERIA FOR THIS PROGRAM?	YES	NO
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IMPORTANT: If your organization meets the Community Grants criteria, and if you can answer 'yes' to the following four questions, please proceed to complete this application for submission.

Are you a registered non-profit organization in good standing?	YES	NO
Does your organization provide a social enrichment service to the community?	YES	NO
Does the project fill a need in the community?	YES	NO
Does the project promote volunteer participation and citizen involvement?	YES	NO

Application Submission Requirements

Please provide the following information. Items 1 through 14 are mandatory requirements for consideration of the application. Please attach additional pages with corresponding question numbers if more space is required.

1. Provide information about the programs and services offered to the community by your organization.

2. Provide information regarding your organization's revenue generating activities and other sources of income.

3. Does your organization own its own facility? Yes No

Grant Request Information:

4. Describe the project that this grant is intended to be used for.

5. Provide the project start and end date.

Start Date:

End Date:

6. Describe the benefit of the project for the residents fo the Regional District.

7. How many people does your organization anticipate will attend, benefit or participate in this project?

8. Describe how the project will promote volunteer participation and citizen involvement. Include a description of the types of roles the volunteers will undertake.

9. Provide details of how the grant funding will be used and a breakdown of expenses.

10. Provide information regarding revenues and fees that will be charged for the event or program (if applicable).

11. Provide details regarding all other sources of funding for this project including financial contributions and any grants received, or applied for, from other sources, i.e. other municipalities, levels of government or service organizations.

Budget Information – please provide the following information as separate attachments:

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|---|----------|-----|
| 12. Provide a copy of your organization’s current year budget. | Attached | |
| 13. Provide a copy of your organization’s latest financial statement. | Attached | |
| 14. Provide an annual report for your organization, if applicable. | Attached | N/A |

Applications received that are incomplete, that do not meet the criteria, or are received after the deadline will not be considered. Please check to ensure that you have provided all information and details as requested in this application prior to submission.

SIGNATURE	DATE
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Please submit your organization’s completed application to:

Finance Department
Regional District of Nanaimo
6300 Hammond Bay Road, Nanaimo, BC V9T 6N2
Telephone: 250-390-4111 or toll free 1-877-607-4111, Fax: 250-390-6572
Email: corpsrv@rdn.bc.ca

Please Note: The Regional District of Nanaimo is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* and cannot guarantee that information provided can or will be held in confidence.