



District of Elkford

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FINANCIAL AND IN-KIND ASSISTANCE APPLICATION FORM

IDENTIFICATION:

Name of Society or Organization		Society #
Contact Person	Home Phone #	Business Phone #
Mailing Address		

ORGANIZATION INFORMATION:

Organization Goals, Objectives and Activities	Number of Years in Operation
Service Provided to the Community	% of Elkford Residents

GRANT REQUEST Attach separately, additional documentation if pertinent to the District to considering the request.

Type of Grant – check one only <input type="checkbox"/> Community Service Operating Grant <input type="checkbox"/> Capital Works Grant <input type="checkbox"/> Local Special Events <input type="checkbox"/> Out of Town Event <input type="checkbox"/> Permissive Tax Exemption	
Amount of Grant Request \$	Purpose of Grant and Proposed Allocation of Funds
In-Kind Services (please include description) \$	
Total \$	
Benefit to community resulting from Grant District Goals & Objectives that will be met if grant approved.	Degree of Other Community Support or sponsorship

FINANCIAL INFORMATION CHECKLIST

To be submitted with this request, the following must provide details of expenditures and revenues, including other grants and donations received and/or applied for.

- Current Budget
 Proposed Budget
 Financial Statements (audited preferred)

NOTE: The release of funds is contingent upon the District receiving the requested budgets and an acceptable financial statement for the previous year.

Date

Signature

Submit completed original application to: District of Elkford, Attention: Director, Financial Services

DUE DATE: February 28, 2018

DISTRICT OF ELKFORD

2018 GRANT REQUEST APPLICATION FORM

DEADLINE FOR SUBMISSIONS: February 28, 2018

Please complete the following:

(Put N/A where applicable and attach additional pages if more room is required)

(a) SOCIETY EXECUTIVE:

Title

Name

Phone No:

Additional Contact Person: _____

(b) PREVIOUS GRANT REQUEST INFORMATION

Has your organization applied for a District grant before?: Yes: _____ No: _____

Was your grant request accepted?: Yes: _____ No: _____

If YES:

a) How much was your request? _____

b) How much was approved? _____

c) What program/project was your grant applied to?

(c) FINANCIAL INFORMATION:

2018 Grant Requested from the District of Elkford: \$ _____

Is this a request for:

- a) Start up grant? _____
- b) Operating grant? _____
- c) Capital grant? _____
- d) In-Kind? _____
- e) Special event? _____ (in-town) _____ (out of town)

