



District of Elkford  
816 Michel Road P.O. Box 340 Elkford, B.C. V0B 1H0  
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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, 2019

# DISTRICT OF ELKFORD

## 2019 GRANT REQUEST APPLICATION FORM

**DEADLINE FOR SUBMISSIONS: February 28, 2019**

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:

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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?

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**(c) FINANCIAL INFORMATION:**

2019 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)



