

District of Elkford 744 Fording Drive PO Box 340 Elkford, B.C. VOB 1H0 P. 250.865.4000 · F. 250.865.4001 · finance@elkford.ca · www.elkford.ca

# FINANCIAL ASSISTANCE GRANT APPLICATION FORM

### **IDENTIFICATION:**

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

### **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  Capital Project Grant DLocal Special Events Out of Town Event				
Amount of Financial Grant Requested:				
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)

<u>NOTE:</u> 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 of Financial Services

## DUE DATE: February 28, 2025

H:\1850 Grants to Organizations\2025 Grant Requests\2025 Grant Application.doc

### DISTRICT OF ELKFORD 2025 GRANT REQUEST APPLICATION FORM

### DEADLINE FOR SUBMISSIONS: February 28, 2025

### Please complete the following:

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

### (a) <u>SOCIETY EXECUTIVE:</u>

<u>Title</u>	Name	Email Address:
Additional Contact Person:		

### (b) <u>OTHER FUNDING</u>:

List all other agencies/governmental bodies from which a grant has been requested for the fiscal year ending in 2025:

Agency	Address	Amount Requested	Status

### (c) DETAILED GRANT INFORMATION:

Describe how you plan to use the District grant. ( i.e. project or program):

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.