



The Corporation of the District of Kent
 7170 Cheam Avenue
 PO Box 70, Agassiz, BC V0M 1A0
 Phone: 604-796-2235
 Fax: 604 -796-9854
 Web: www.district.kent.bc.ca

FINANCIAL ASSISTANCE/GRANT IN AID APPLICATION

Deadline for submission by November 15
 (for following year)

APPLICATION #: _____
 (FOR OFFICE USE ONLY)

SCHEDULE "A"

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

MAILING ADDRESS _____

(IF DIFFERENT FROM ABOVE)

CONTACT PERSON: _____

PHONE: _____ FAX: _____ CELL: _____ EMAIL: _____

GRANT ELIGIBILITY AREA:

- SPORT
- RECREATION
- CULTURE
- HERITAGE
- FINE ARTS
- PUBLIC SAFETY AND COMMUNITY WELFARE
- BEAUTIFICATION PROJECT
- OTHER (PLEASE SPECIFY) _____

AMOUNT REQUESTED \$ _____
 TOTAL PROJECT BUDGET: \$ _____
 (ATTACH COMPLETED BUDGET FORM)

HAVE YOU APPLIED BEFORE? YES No
 WHEN: _____
 GRANT RECEIVED: \$ _____
 HAVE YOU SUBMITTED A FINAL REPORT? YES No

INCORPORATION No. _____ DATE OF INCORPORATION: _____
 (APPLICANTS MUST BE NOT-FOR-PROFIT ORGANIZATIONS OR BE OTHERWISE PUBLICLY ACCOUNTABLE)

DOES YOUR ORGANIZATION RECEIVE A PERMISSIVE TAX EXEMPTION? YES NO

DOES THE ORGANIZATION THAT OWNS THE BUILDING YOU OCCUPY RECEIVE A PERMISSIVE TAX EXEMPTION? YES NO

DESCRIBE YOUR ORGANIZATION, ITS MANDATE AND PROGRAMS(S) INCLUDING NUMBER OF VOLUNTEERS AND/OR PAID STAFF; NUMBER OF PEOPLE SERVED IN THE COMMUNITY:

DESCRIBE THE PROJECT FOR WHICH FUNDS ARE BEING SOUGHT. PLEASE INDICATE WHY THIS PROJECT IS UNIQUE OR DIFFERENT FROM OTHER ACTIVITIES AND WHY YOU THINK IT SHOULD RECEIVE MUNICIPAL FUNDING. FEEL FREE TO USE ADDITIONAL PAPER.

PROJECT DESCRIPTION:

PURPOSE OF THE PROJECT INCLUDING DIRECT BENEFITS TO THE DISTRICT IN TERMS OF PROVIDING SERVICES, INFRASTRUCTURE, AND/OR FACILITIES TO THE COMMUNITY:

NAMES OF THOSE INVOLVED IN CARRYING OUT THE PROJECT:

DATE AND PLACE OF PROJECT:

COMMUNITY GRANT PROGRAM BUDGET

*Please provide detailed revenue projections and indicate which revenue is speculative.
(Note: Type 2 Capital Grants must have a minimum of 50% matching capital funds raised through other means)*

	Source	Amount
GRANTS:		\$
		\$
		\$
		\$
		\$
Total Grants:		\$

ADMISSION/FEES:	\$
	\$
	\$
	\$
	\$
Total:	\$

OTHER EARNED REVENUE:	\$
	\$
	\$
	\$
	\$
Total Other:	\$

TOTAL REVENUE:	\$
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	Item	Amount
EXPENSES:		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL EXPENSES:		\$

CHECKLIST:

Have you submitted the following documents by the application deadline?

- Cover letter;
- Completed Application form;
- Copy of BC Society certificate *(if applicable)*;
- Budget;
- Final Report for Previous Grant *(if applicable)*; and
- Copy of most recent Financial Statements

YOU ARE WELCOME TO INCLUDE ANY SUPPORTING MATERIAL THAT WOULD ASSIST THE DISTRICT OF KENT IN ASSESSING YOUR APPLICATION.

Mail or deliver this application to:

Ms. Judy Lewis
Director of Financial Services
District of Kent
P.O. Box 70
7170 Cheam Avenue
Agassiz, BC V0M 1A0

Phone: (604) 796-2235
Email: jlewis@district.kent.bc.ca

Fax: (604) 796-9854