

APPENDIX A

ELECTORAL AREA COMMUNITY GRANT IN AID APPLICATION FORM

PLEASE READ THE ELECTORAL AREA COMMUNITY GRANTS GUIDELINES **PRIOR TO SUBMITTING APPLICATION**

NAME OF ORGANIZATION	AMOUNT REQUESTED	
MAILING ADDRESS		
POSTAL CODE	CONTACT PERSON (NAME AND TITLE)	
TELEPHONE NUMBER	EMAIL ADDRESS	
INFORMATION REGARDIN	G THE APPLICANT ORGANIZATION:	
IS YOUR ORGANIATION A REGIS	STERED NOT FOR PROFIT SOCIETY IN BC? YES NO	
IF "YES" PROVIDE REGISTERED	SOCIETY NUMBER	
IF "NO" PROVIDE PROOF OF BA	NNK ACCOUNT IN ORGANIZATION'S NAME (as an attachment to a	pplication)
HAS YOUR ORGANIZATION REC	EIVED FUNDING FROM THE RDOS BEFORE? YES NO	
IF "YES"; WHEN	AND AMOUNT RECEIVED: \$	
DETAILS OF COANT DECLIEST		
DETAILS OF GRANT REQUEST		2
	formation in a brief narrative in the following order . (maximum 2	z pages)
1. Project/Program Abstract		
Project/Program Abstract Brief summary of the program and the program are summary of the prog	oposed project/program including:	
1. Project/Program Abstract Brief summary of the properties Total estimated costs;		
1. Project/Program Abstract Brief summary of the properties Total estimated costs;	from the Regional District and how the funds will be used;	

Specify project/program outcomes that you plan to achieve.

Who and how many will be served and why are you serving them? Why would they use your particular services? What geographic area does this project/program target?

How will you reach the population you plan to serve?

What strategies will be used to achieve the proposed outcomes?

How will you know if you have achieved the outcomes proposed?

3. Funding Considerations

Describe plans for obtaining other funding needed to carry out the project/program, including amounts requested of other funders and any volunteer labour and/or in-kind donations. If the project/program is expected to continue beyond the grant period describe plans for ensuring continued funding after the grant period.

PLEASE CHECK ALL ELECTORAL AREAS THAT WILL BENEFIT FROM YOUR PROJECT/PROGRAM							
ELECTORAL AREA "A"		ELECTORAL AREA "B"		ELECTORAL AREA "C"		ELECTORAL AREA "D"	
ELECTORAL AREA "E"		ELECTORAL AREA "F"		ELECTORAL AREA "G"		ELECTORAL AREA "H"	

CHECKLIST - DOCUMENTS TO SUBMIT WITH YOUR A	PPLICATION
Copy of Event or Initiative Budget – A detailed be revenues and fees charged. Where possible plea	
Details of your Organization's structure (include	e Directors names and Phone numbers)
For Community Organizations without a Register Organizations name Please ensure you have answered all sections of the	
Please ensure you have answered all sections of th	is form and provided all the requested documents.
SIGNATURE	DATE
NAME (PLEASE PRINT)	TITLE

SUBMIT TO:

Regional District of Okanagan Simlkameen

101 Martin Street

Penticton, BC V2A 5J9 Email: info@rdos.bc.ca

Attention: Finance Manager

FOR OFFICE USE ONLY

AMOUNT OF GRANT REQUESTED	\$
AMOUNT OF GRANT APPROVED (enter 0 if grant is denied)	\$
ELECTORAL AREA DIRECTOR SIGNATURE	

RDOS ELECTORAL AREA COMMUNITY GRANT IN AID B	SUDGET TEMPLA	TE	
Organization Name:			
For period	From	to	•
REVENUE			
Grants (provide Names of grantors)			
from Government			
from Foundations			
from Corporations			
Earned Income (ie interest)			
Individual contributions.			
Fundraising events and product sales.			
Membership income			
Additional revenue (please specify)			
TOTAL INCOME			
EXPENSES			
Salaries and wages			
Consultant and professional fees (e.g. accounting,			
legal, etc.)			
Travel			
Equipment			
Supplies			
Advertising and printing			
Rent			
Utilities (ie electric, gas, telephone, cable)			
Other expenses (please specify)			
TOTAL EXPENSES			
IN KIND SUPPORT (PLEASE PROVIDE DETAILS)			