



REGIONAL GRANT IN AID APPLICATION FORM

NAME OF ORGANIZATION		AMOUNT REQUESTED
MAILING ADDRESS		
POSTAL CODE	CONTACT PERSON (NAME AND TITLE)	
TELEPHONE NUMBER	EMAIL ADDRESS	

INFORMATION REGARDING THE APPLICANT ORGANIZATION:

IS YOUR ORGANIZATION A REGISTERED NOT FOR PROFIT SOCIETY IN BC? YES _____ NO _____
IF YES PROVIDE REGISTERED SOCIETY NUMBER _____
HAS YOUR ORGANIZATION RECEIVED FUNDING FROM THE RDOS BEFORE? YES _____ NO _____
IF "YES" ; WHEN _____ AND AMOUNT RECEIVED: _____

DETAILS OF GRANT REQUEST

Please provide the following information in a brief narrative in the **following order**. (maximum 2 pages)

1. Project/Program Abstract

Brief summary of the proposed project/program including:

Total estimated costs;

The amount requested from the Regional District and how the funds will be used;

Other principal sources of support.

2. Project/Program Description

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? **Please indicate clearly how your project/program is considered regional in nature (Benefits of project/program are significant in at least three Electoral Areas and/or member municipalities**

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.

CHECKLIST - DOCUMENTS TO SUBMIT WITH YOUR APPLICATION

_____ Copy of Event or Initiative Budget – A detailed budget (see attached template) including costs, revenues and fees charged. Where possible please provide copies of cost estimates obtained

_____ Copy of Organization's last Financial Statement

_____ Details of your Organization's structure (include Directors names)

Please ensure you have answered all sections of this form and provided all the requested documents.

SIGNATURE	DATE
NAME (PLEASE PRINT)	TITLE

SUBMIT TO:

Regional District of Okanagan-Similkameen

101 Martin Street

Penticton, BC V2A 5J9

Email: info@rdos.bc.ca

Attention: Finance Manager

RDOS REGIONAL GRANT IN AID BUDGET TEMPLATE	
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)	