



GRANT IN AID APPLICATION For Non-Profit Organizations

PO Box 159, 13211 Henry Ave, Summerland BC V0H 1Z0

Phone: 250 494-6451 Fax: 250-494-1415

finance@summerland.ca www.summerland.ca

Application Deadline: November 16, 2015 year for the 2016 taxation year.

The following information must be provided each year to Municipal Hall by the application deadline for Council's consideration. Applications received are for the following tax year.

APPLICATION DATE: _____

AMOUNT APPLYING FOR \$ _____ OR

RENTAL FEE WAIVER REQUESTED \$ _____ FOR THE USE OF _____

EVENT _____

FULL NAME OF ORGANIZATION: _____

CIVIC ADDRESS: _____

CONTACT DETAILS: CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

DATE ORGANIZATION ESTABLISHED IN SUMMERLAND: _____

REGISTERED NON-PROFIT SOCIETY OR CHARITY NUMBER: _____

1. Did your organization receive a grant in aid from the District of Summerland last year?

No _____ Yes _____ Amount _____

2. Are you currently receiving benefit from a Property Tax Exemption? Yes _____ No _____

3. Do you receive use of municipal owned lands or facilities at a subsidized rate? Yes _____ No _____

If yes, details: _____

4. Describe your organization, its mandate and program(s): *Attach sheet if necessary*

5. What are the community benefit(s)? (explain):

- a) Education: _____

- b) Environmental: _____

- c) Health: _____

- d) Youth/Senior/Special Needs: _____

- e) Cultural/Heritage: _____

- f) Recreational: _____

- g) Economic Development/Tourism: _____

- h) Other: _____

6. Describe the goals of the organization: _____

7. Number of paid employees: Full time _____ Part time _____ Volunteers _____ Members _____

8. Purpose for which grant will be used and breakdown of estimated expenses: *Attach sheet if necessary*

9. Will any grant money received, be used be given to other organizations? No _____ Yes _____

10. What efforts have been made to raise funds?

11. Have you applied for other grants? No ____

Yes ____ If yes, please list year, purpose of grant amount and from whom.

Date Applied	Applied to	Purpose	Amount	Received

12. In the event that your association or society is dissolved, what happens to the assets of your organization? _____

13. What is your plan to become financially self-supporting? *Attach sheet if necessary*

Please advise any other relevant information:

I have read the District of Summerland's Grant in Aid criteria and the information contained in this application is complete and correct. I understand that all required information must be attached to this application to be considered and additional information may be required. I understand it is my responsibility to contact the District of Summerland if any changes occur with respect to ownership or principal use of the property.

Enclosed:

Copy of Society Act or Charity Registration
Copy of most current Audited Financial Statements
Financial budget for the next year
List of current Directors/Officers

Name: _____

Signature: _____

Position: _____

Date: _____