



DISTRICT OF SEHEL T

GRANT APPLICATION – TRAFFIC FINE REVENUE SHARING

1. IDENTIFICATION OF APPLICANT

Date: _____

Name or Organization Name:

Mailing Address:

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Person: _____

2. BOARD OF DIRECTORS / MEMBERSHIP / VOLUNTEERS

Attach a separate page listing names, positions and addresses of all your Board members, officers, etc.

3. GRANT INFORMATION

A. Amount of grant requested: \$ _____

Grant requested is for (check all applicable):

___ General Operating Assistance ___ Specific Project

___ Capital ___ Special Event

On a separate page:

B. Describe how your grant monies would be used.

C. In detail describe how you would measure your successes.

D. Provide any history of your organization

E. If you are applying for monies elsewhere, list the agencies and monies requested.

F. Itemize any services received from the District of Sechelt.
(For example, use of municipal buildings, subsidized rent, property tax relief, photocopying, etc.)

G. If your organization previously received a grant from the District of Sechelt, detail what was accomplished with the grant monies.

4. BUDGET OVERVIEW

Attach a **complete budget** for your specific project or event. (Note: The budget should show the amount of revenue received from user fees, fund raising activities, membership fees, other government funding, etc.)