



DISTRICT OF SECHULT

GRANT APPLICATION – GRANT-IN-AID

1. **IDENTIFICATION OF APPLICANT**

Date: \_\_\_\_\_

Name or Organization Name:

\_\_\_\_\_

Are you or your organization registered under the Society Act?     \_\_\_ Yes     \_\_\_ No

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.

How many members does your organization have? \_\_\_\_\_

What percentage are Sechelt residents? \_\_\_\_\_

How many active volunteers? \_\_\_\_\_

3. **GRANT INFORMATION** (attach a separate sheet if more space is needed)

A. Amount of grant requested:                             \$ \_\_\_\_\_

Grant requested is for (check all applicable):

\_\_\_ General Operating Assistance                     \_\_\_ Specific Project

\_\_\_ Capital                                                     \_\_\_ Special Event

Describe how your grant monies would be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe how your organization or project benefits Sechelt residents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many Sechelt residents were served in the current year? \_\_\_\_\_

What percentage of total clients served are Sechelt residents? \_\_\_\_\_

C. Describe how your service/project relates to other programs of a similar nature (including co-operative ventures). Also name any Sechelt organizations your organization works with.

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D. How do you evaluate the success of your service/project? (Describe in detail).

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E. If this is a first time grant request, provide the history and objectives of the organization.

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**4. BUDGET AND FINANCIAL STATEMENTS**

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

A. Is the budget for:            \_\_\_ Entire Organization            \_\_\_ Specific Project  
                                         \_\_\_ Capital                                    \_\_\_ Special Event

**5. OTHER**

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

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

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C. If your grant request is for a larger amount than the previous grant, explain the increase.

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

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