CITY OF WILLIAMS LAKE GRANTS-IN-AID APPLICATION

On an annual basis, the City of Williams Lake (City) provides Grants-in-Aid to local non-profit organizations for projects, activities and events that strengthen and enhance the well being of the community, promote volunteerism and support the goals and priorities of the City of Williams Lake.

Applications are available at City Hall, 2nd Floor and on the City's website (www.williamslake.ca), and can be submitted to the attention of Cindy Bouchard, Manager of Legislative Services, City of Williams Lake, 450 Mart Street, Williams Lake, BC, V2G 1N3. Questions, please call 250-392-1773 or E-mail cbouchard@williamslake.ca.

THE DEADLINE FOR APPLICATIONS IS SEPTEMBER 30TH

Late applications will not be considered.

In order to qualify for a Grant-in-Aid, the applicant must:

- Be a registered non-profit organization in good standing with the Registrar of Companies;
- Provide the most recent Annual General Meeting report, financial statements and approved budget for the current year;
- Demonstrate financial need; and
- Provide a service, project or event that supports the priorities and goals of the City.

Services, projects or events proposed by the applicant must not:

- Offer direct financial assistance to individuals or families;
- Duplicate or replace services that fall within the mandate of senior levels of government or local service agencies;
- Support a Provincial or National fundraising campaign; OR
- Be of a commercial nature.

Grants-in-Aid will be provided under the following categories:

1. **Capital Expenditure** – equipment purchase, construction, repair or upgrade of facilities;
2. **Event** – seed funding for new, ongoing events with diminishing support over three years;
3. **Special Project** – one-time special event, program or activity.

Organization Information Sheet

Name of Organization: _____

Mailing Address: _____

Telephone (office): _____

Purpose of Organization (From Constitution or Incorporation Documents): _____

_____

How long has the organization operated in the community? _____

BC Society Registration Number: _____

Federal Charitable Registration Number: (if applicable) _____

Chairperson's name: _____

Telephone: _____

Treasurer or Financial Officer's name: _____

Telephone: _____

Date of last Annual General Meeting (Attach minutes and current list of Directors): _____

_____

Attach the last financial statement prepared and signed by the appropriate person (i.e., CA, CGA, CMA, comptroller, bookkeeper, financial officer, treasurer, etc.).

Previous Year Grant from City/CRD (if applicable) $ _____
NOTE: A Final Report for previous year's grant MUST be included with this submission.

Current Grant Requested from City $_____

Please answer the following questions, using additional paper if necessary.

1. What plans has your organization made to fund its activities over the next 3-5 years?
   _____
   _____

2. If your organization charges user fees/memberships/admission, attach your current fee structure: _____

3. What are your organization's specific goals and objectives for this year? How do they differ from previous years? _____
   _____

4. Who does your organization serve? (% of clients from City, % of clients from Central Cariboo)
   _____
   _____

5. Does your organization receive a rental subsidy from the City and/or CRD? If so, how much?
   _____

6. Does your organization receive any benefit from permissive tax exemption, and if so, how much? (information available from City Tax Department) _____

7. Does your organization use City or CRD owned facilities? If so, which ones? _____
   _____

8. How will you indicate that the City and CRD are contributing to your organization?
   _____
   _____

Project Summary Sheet

Please answer the following questions, using additional paper if necessary.

BRIEF DESCRIPTION OF PROPOSED USE OF GRANT BEING APPLIED FOR: _____

_____

_____

How do you know there is a need for this service/project in our community? _____

_____

_____

Is your application for a: _____

A. a seed grant
B. a special project; or
C. a special capital expenditure

Is your agency is applying for funds from other levels of government or other sources for this project? Would you still be able to complete the project if you do not receive the other funds applied for? _____

_____

_____

Please describe the impact of this application being denied or approval of an amount less than requested. _____

_____

_____

Start date of the project: _____

End date for the project: _____

Please describe the key activities that will take place to complete the project and any associated timelines. _____

_____

_____

Please provide a detailed financial budget for the project. _____

_____

_____

_____

Please explain how you will measure and evaluate the impact of this project on the community? How will you determine if it was successful? _____

_____

_____

_____

* * * * * * *

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

President/Chairperson