



## COMMUNITY GRANTS PROGRAM APPLICATION

**NAME OF ORGANIZATION**

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**GRANT AMOUNT REQUESTED  
(MAX AMOUNT \$10,000)**

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**EMAIL ADDRESS**

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**CONTACT PERSON**

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**TELEPHONE NUMBER**

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**PLEASE REVIEW THE COMMUNITY GRANTS CRITERIA OUTLINED ON THE LAST PAGE OF THIS FORM.  
DOES YOUR ORGANIZATION MEET THE CRITERIA FOR THIS PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IMPORTANT: If your organization meets the Community Grants criteria, and if you can answer 'yes' to the following four questions, please proceed to complete this application for submission.**

Are you a registered non-profit organization in good standing? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your organization provide a social enrichment service to the community? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the project fill a need in the community? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the project promote volunteer participation and citizen involvement? YES \_\_\_\_\_ NO \_\_\_\_\_

**Application Submission Requirements**

**Please provide the following information. Items 1 through 15 are mandatory requirements for consideration of the application. Please attach additional pages with corresponding question numbers if more space is required.**

1. Has your organization received a Community Grant from the Regional District of Nanaimo in the last 5 years?      YES  NO

If so, please list the year and amount received, and if reporting has been submitted for each year:

Year  Amount  Reporting Submitted YES  NO

2. Provide information about the programs and services offered to the community by your organization.

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3. Provide information regarding your organization's revenue generating activities and other sources of income.

4. Does your organization own its own facility? YES  NO

## Grant Request Information:

5. Describe the project that this grant is intended to be used for.

6. Provide the project start and end date.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

7. Describe the benefit of the project for the residents of the Regional District.

8. How many people does your organization anticipate will attend, benefit or participate in this project?

9. Describe how the project will promote volunteer participation and citizen involvement. Include a description of the types of roles the volunteers will undertake.

10. Provide details of how the grant funding will be used and a breakdown of expenses.

11. Provide information regarding revenues and fees that will be charged for the event or program (if applicable).

12. Provide details regarding all other sources of funding for this project including financial contributions and any grants received, or applied for, from other sources, i.e. other municipalities, levels of government or service organizations.

**Budget Information – please provide the following information as separate attachments:**

13. Provide a copy of your organization's current year budget. \_\_\_\_\_

14. Provide a copy of your organization's latest financial statement. \_\_\_\_\_

15. Provide an annual report for your organization, if applicable. \_\_\_\_\_

Applications received that are incomplete, that do not meet the criteria or are received after the deadline will not be considered. Please check to ensure that you have provided all information and details as requested in this application prior to submission.

SIGNATURE	DATE
_____	_____

**Please print, sign and submit your organization's completed application to:**

Finance Department

Regional District of Nanaimo

6300 Hammond Bay Road, Nanaimo, BC V9T 6N2

Telephone: 250-390-4111 or toll free 1-877-607-4111, Fax: 250-390-6572

Email: [inquiries@rdn.bc.ca](mailto:inquiries@rdn.bc.ca)

**Please Note:** The Regional District of Nanaimo is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* and cannot guarantee that information provided can or will be held in confidence.