



RDN OCEANSIDE RECREATION SERVICES  
GRANTS PROGRAM

APPLICATION FORM

A. ORGANIZATION INFORMATION

Name of Organization:

Mailing Address:

Postal Code:

Phone Number:  Alternate:

Contact Name:

Email:

Is your organization or your parent organization registered as a non-profit society in BC?

Yes  Please include Society Number  No

B. PROJECT INFORMATION

1. New project  OR Expansion/enhancement of an existing project

2. What is the title of this project?

3. Who is the intended audience for this project?

Families, children 0-11 years, adults or seniors  Individuals between the ages of 11-18 yrs

4. How many people will be served by this project?

5. Where will your project take place?

City of Parksville  Town of Qualicum Beach  Area E

Area F  Area G  Area H

Please provide a detailed description and the purpose of your project.

**C. FINANCIAL INFORMATION**

1. Amount requested, up to a maximum of \$2,500.

2. Provide a detailed list on what you will be spending the grant funds on. Be sure to check the funding criteria for eligible expenses. Ineligible items will not be funded.

3. Copy of organization's financial statement included? Yes  No

Give reason if no:

4. What other effort is your organization undertaking to obtain funds for this project?

5. Have you applied for a RDN Grant for this project (past or present)? No  Yes

If yes, specify what grant and when it was received or if it is still pending.

