



**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.

Please provide the following information regarding the project budget:

- ☐ all revenues associated with the project including; participant fees, donations, contributions in kind, other grant revenue
- ☐ all expenditures associated with the project

[illegible]

Amount Requested for funding (Shortfall): \$

Signature: _____

Date: _____

Please submit to RDN Recreation and Parks, 830 West Island Highway, Parksville, B.C. V9P 2X4.
Email: recparks@rdn.bc.ca