



**RDN OCEANSIDE RECREATION SERVICES
GRANTS PROGRAM**

APPLICATION FORM

Please identify which grant category you are applying for:

☐

COMMUNITY GRANTS

(Projects for families, young children, adults and seniors)

☐

YOUTH GRANTS

(Projects with the majority of beneficiaries between the ages of 11-18 yrs)

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

☐

No

☐

B. PROGRAM / PROJECT INFORMATION

1. New Program / Project ☐

2. Expansion/Enhancement of Existing Program / Project ☐

3. Description/purpose of the program:

Please use the space on page 3 of this application form to detail the following information
(If more space is needed please attach a separate sheet of information).

- ☐ Purpose
- ☐ Background
- ☐ Goals and objectives
- ☐ Type of project – activity, program, event, etc.
- ☐ Location of project
- ☐ Approximate number of participants to be served
- ☐ Ages of participants
- ☐ Any other relevant information

C. FINANCIAL INFORMATION

1. Amount requested: \$
2. Specify, in general, how funds will be utilized:

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 program / project?

5. Were any requests for funding granted or in the process of being considered? Yes ☐ No ☐

Granted or being considered by:

Description of the Program / project:

Please provide the following information regarding the project budget:
(You may wish to submit your own budget information on a separate sheet attached.)

- Note: You may submit your budget information on a separate sheet attached.

Amount Requested for funding (Shortfall): \$

-4-