



#301 – 990 Cedar Street, Campbell River, BC V9W 7Z8  
Tel: 250-830-6700 Fax: 250-830-6710  
Toll Free: 1-877-830-2990  
[www.srd.ca](http://www.srd.ca)

## GRANT IN AID FORM

### ELIGIBILITY

Any non-profit community organization, to which the giving of a GIA will benefit the general community. Grants shall be considered on a year-to-year basis and continuing support should not be anticipated.

### APPLICATION

***The form, application for grant-in-aid, should be completed in full and all community organizations are encouraged to submit the form. In addition, the following information is useful, but is not mandatory:***

- Copy of current year-to-date and the immediately preceding year's financial statements;
- Budget for the year in which the grant is being requested for;
- If available, the most recent annual report.

Forward the application form and supporting documentation to the attention of the appropriate electoral area director at the regional district office.

Grant-in-aid requests are usually considered by the board of directors in February of each year in conjunction with the establishment of the current year's budget.

### THE PROCESS

The electoral area director responsible for the area, from which the grant-in-aid is being requested, shall review each request and provide direction to the secretary of the regional board as to the resolution endorsed.

All requests for grants-in-aid must be approved by resolution of the regional district board.

***All organizations requesting a grant-in-aid shall receive a letter acknowledging the request and advising of the resolution passed.***

### CRITERIA

- The grant-in-aid is within the current year's budgeted allocation;
- The grant does not subsidize activities that are the responsibility of senior governments, as this would represent a downloading of senior government costs to local taxpayers;
- Grants should not be made to other local governments, i.e.: municipalities.
- Grants should not be used to augment tax funded functions, i.e.: volunteer fire departments, community halls, etc when the grant request is for a service or item that is included in the establishment bylaw for that specific local service area;
- GIAs must not be provided to an "industrial, commercial or business undertaking";

- A demonstrated need for the service/project within the community and the financial need of the organization;

**RELEASE OF FUNDS**

As annual funding through taxation is not received from the Province of BC's Surveyor of Taxes until August 1<sup>st</sup> each year, the release of grant approvals to local community organizations shall be as follows:

The finance department after August 1st shall issue payments of a grant-in-aid, unless the resolution approving the grant-in-aid includes a request for immediate payment.

**ANY REQUESTED INFORMATION IS USEFUL, BUT IS NOT MANDATORY**

**THIS PROCESS IS TO BE USED AT THE DISCRETION OF THE ELECTORAL AREA DIRECTORS**



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### APPLICATION FORM GRANT-IN-AID

DATE: \_\_\_\_\_

1. Name of Organization: \_\_\_\_\_

Society # (if applicable) \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone No: \_\_\_\_\_

3. Purpose of Organization: \_\_\_\_\_

4. If applicable, does your organization own any facilities/property?

( ) YES ( ) NO

If yes, please give the legal description of the property:

\_\_\_\_\_

5. Executives of Your Organization:

President/Chairperson: \_\_\_\_\_

Vice President/Vice Chairperson: \_\_\_\_\_

Treasurer: \_\_\_\_\_

6. Current Membership: \_\_\_\_\_ # of Meetings per year: \_\_\_\_\_

7. Please describe the programs and activities that your organization sponsored in the last year (with dates):

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iv) \_\_\_\_\_

(v) \_\_\_\_\_

(vi) \_\_\_\_\_

8. Has your organization received any of the following in the past?

	NO	YES				
grant-in-aid			Amount	\$ _____	Year	Purpose _____
permissive tax exemption			Amount	\$ _____	Year	Purpose _____
waiver/reduction of fees and charges			Amount	\$ _____	Year	Purpose _____

**INFORMATION REQUIRED ABOUT THE REQUESTED GRANT**

1. Total Grant-In-Aid Amount Requested from the regional district: \$ \_\_\_\_\_

2. Describe how the Grant-In-Aid will benefit the community:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

3. Will the Project be available to the community at large? (\_\_\_\_) YES (\_\_\_\_) NO

4. **Please include with your application, copies of the following:**

- (a) Year to date and the immediately preceding years' financial statements;
- (b) Budget for the year in which the grant is being requested;
- (c) If available, the most recent annual report.

**IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION REQUIRED, PLEASE TELEPHONE 250-830-6700.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Office Use Only:

Amount Approved: \$ \_\_\_\_\_

Date: \_\_\_\_\_

GL Code: \_\_\_\_\_