



#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

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 1st 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: _____