



## GRANT IN AID APPLICATION For Non-Profit Organizations

PO Box 159, 13211 Henry Ave, Summerland BC V0H 1Z0

Phone: 250-494-6451 Fax: 250-494-1415

[awood@summerland.ca](mailto:awood@summerland.ca) [www.summerland.ca](http://www.summerland.ca)

**Application Deadline:** October 31, 2019 year for the 2020 taxation year.

The following information must be provided each year to Municipal Hall by the application deadline for Council's consideration.

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

AMOUNT APPLYING FOR \$ \_\_\_\_\_ OR

RENTAL FEE WAIVER REQUESTED \$ \_\_\_\_\_ FOR THE USE OF \_\_\_\_\_

EVENT: \_\_\_\_\_

FULL NAME OF ORGANIZATION: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

CONTACT DETAILS: CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE ORGANIZATION ESTABLISHED IN SUMMERLAND: \_\_\_\_\_

REGISTERED NON-PROFIT SOCIETY OR CHARITY NUMBER: \_\_\_\_\_

1. Did your organization receive a grant in aid from the District of Summerland last year?

No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Are you currently receiving benefit from a Property Tax Exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you receive use of municipal owned lands or facilities at a subsidized rate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, details: \_\_\_\_\_

4. Describe your organization, its mandate and program(s): *Attach sheet if necessary.*

---

---

---

---

5. What are the community benefit(s)? (explain):

- a) Education: \_\_\_\_\_  
\_\_\_\_\_
- b) Environmental: \_\_\_\_\_  
\_\_\_\_\_
- c) Health: \_\_\_\_\_  
\_\_\_\_\_
- d) Youth/Senior/Special Needs: \_\_\_\_\_  
\_\_\_\_\_
- e) Cultural/Heritage: \_\_\_\_\_  
\_\_\_\_\_
- f) Recreational: \_\_\_\_\_  
\_\_\_\_\_
- g) Economic Development/Tourism: \_\_\_\_\_  
\_\_\_\_\_
- h) Other: \_\_\_\_\_  
\_\_\_\_\_

6. Describe the goals of the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Number of paid employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_ Members \_\_\_\_\_

8. Purpose for which grant will be used and breakdown of estimated expenses: *Attach sheet if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will any grant money received, be used be given to other organizations? No \_\_\_\_\_ Yes \_\_\_\_\_

10. What efforts have been made to raise funds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you applied for other grants? No \_\_\_\_

Yes \_\_\_\_ If yes, please list year, purpose of grant amount and from whom.

Date Applied	Applied to	Purpose	Amount	Received

12. In the event that your association or society is dissolved, what happens to the assets of your organization? \_\_\_\_\_

---

---

---

13. What is your plan to become financially self-supporting? *Attach sheet if necessary.*

---

---

---

---

---

---

Please advise any other relevant information:

---

---

---

---

---

---

I have read the District of Summerland's Grant in Aid criteria and the information contained in this application is complete and correct. I understand that all required information must be attached to this application to be considered and additional information may be required. I understand it is my responsibility to contact the District of Summerland if any changes occur with respect to ownership or principal use of the property.

**Enclosed:**

Copy of Society Act or Charity Registration;  
Copy of most current Audited Financial Statements;  
Financial budget for the next year;  
List of current Directors/Officers.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

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