

# Community Grant Application Form

Complete the following application form to apply for a District of Squamish Community Grant. Please ensure you submit all required supporting documentation with your completed application in person, by mail or email (PDF or Word format only).

**In person:**

37955 Second Avenue

Squamish, B.C.

Monday to Thursday 8 a.m. to 5 p.m.

Friday 8:30 a.m. to 4:30 p.m.

**By mail:**

P.O. Box 310

Squamish, B.C.

V8B 0A3

**By email (PDF or Word only):**

tmacdonald@squamish.ca

**ANNUAL APPLICATION DEADLINE IS OCTOBER 1. Only complete applications will be considered. It is the applicant's responsibility to ensure all in-kind costs requested from the District are reflected in the estimate and application.**

## SECTION 1: APPLICANT DETAILS

Name of Applicant (organization):

\_\_\_\_\_

Name of Contact Person:

\_\_\_\_\_

Job Title (or relationship to organization):

\_\_\_\_\_

Phone No.:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

## SECTION 2: ORGANIZATION DETAILS

Organization Registration No. or

Registered Charity No.:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Physical Address of Project

(if different from organization):

\_\_\_\_\_

## SECTION 3: GRANT REQUEST DETAILS

a) Type of Grant

(check all that apply to your Project):

☐ Planet & Environment

☐ Housing Affordability & Diversity

☐ Economic Development & Jobs

☐ Public Space & Connectivity

☐ Arts & Culture

☐ Emergency Assistance

☐ First Nations Reconciliation

☐ Heritage

☐ Recreation

☐ Social Services

☐ Youth

☐ Other: \_\_\_\_\_

b) Amount of Grant Requested:

Cash Value: \$ \_\_\_\_\_

In-Kind Value: \$ \_\_\_\_\_

Please complete Schedule 1 Proposed Project Budget and attach the District issued estimate for any in-kind services (event permits and facility rentals) to support values reflected above.

ATTACH ADDITIONAL PAGES TO YOUR APPLICATION IF YOU REQUIRE MORE SPACE TO ANSWER QUESTIONS. c)

Describe your Project:

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d) How does your Project complement services, programs or initiatives already in the community?

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e) Will you be collaborating or partnering with other individuals, groups or organizations on this Project? If yes, provide names of partners and the value and description of their contributions. If no, go to next question.

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f) Describe the people, groups and organizations that this Project aims to serve. How will the Squamish community benefit? How many people will benefit?

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g) How does your Project leverage volunteers and community support?

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h) What benefits has your organization provided to the community in the past?

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i) How will you measure the success of your Project?

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- j) Have you applied to other funding agencies for this Project? Please list name and amount and attach confirmation of funding where applicable:

Agency Name & Grant Name	Amount	Funding Approved?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

- k) Please outline alternative plans if the application for a Grant is denied.

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#### SECTION 4: REQUIREMENTS & ACKNOWLEDGMENTS

Please submit the following documents with your completed *Community Grant Application Form*:

- ☐ The most current financial statements for the organization designated to receive the funds in the Application;
- ☐ Verification of funding from additional sources, if applicable;
- ☐ A District-issued estimate for all in-kind costs for facility rentals and permits being requested. Contact Film & Events for an estimate before you submit your application – [events@squamish.ca](mailto:events@squamish.ca)
- ☐ Schedule 1 Proposed Project Budget for the Project or an operating budget which discloses how the Grant will be used.
- ☐ If you received a grant in the current year, please include a brief project update outlining project activities completed, percent completion and funds expended to date.

***Freedom of Information and Protection of Privacy Act***

*The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose. The District considers this information to be public and it will be considered at meetings of the public and is available for public inspection. Further information may be obtained by speaking with the Freedom of Information and Protection of Privacy Coordinator at 604.815.5023 or in person at 37955 Second Ave, Squamish BC.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Date Application Received: \_\_\_\_\_  
DD / MM / YYYY

Application Reviewed By (Staff Name – please print): \_\_\_\_\_

Application Complete: ☐ Yes ☐ No – If No, provide details: \_\_\_\_\_

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## Proposed Project Budget

**Applicant:** \_\_\_\_\_

**Grant Year:** \_\_\_\_\_

<b>REVENUE</b>	<b>Budget</b> <small>(Submit with Application)</small>	<b>Actual</b> <small>(Submit Following Project Completion)</small>
User or entry fees (list)		
1.		
2.		
3.		
Sponsorships & Grants (list and indicate "in-kind" grants):		
1.		
2.		
3.		
Other Revenue (list):		
1.		
2.		
3.		
<b>TOTAL REVENUE</b>		
<b>EXPENSE</b>		
Wages & Benefits**		
Professional Services		
Contract Services		
Performer, Speaker Fees		
Volunteer Training		
Materials & Supplies		
Facility Rentals		
Permits & Licenses		
Construction Costs		
Equipment		
Advertising and Promotional Costs		
Other (List):		
1.		
2.		
3.		
<b>TOTAL EXPENSE</b>		

<b>SURPLUS (UNFUNDED)</b>		
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\*For multiple year grant requests please copy and complete Schedule 1 for each grant year.

\*\*For wages and benefits (or other operational costs) describe how these are incremental to standard or on-going operations or are otherwise sustainable in future without continued grant funding:

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<b>CERTIFICATION OF COSTS (ONE SIGNATURE MUST BE THE CHIEF FINANCIAL OFFICER, TREASURER OR THIRD PARTY ACCOUNTANT)</b>
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I certify that I have reviewed the actual costs included in the financial summary contained herein and confirm they were incurred and paid in compliance with the purpose and eligibility requirements of the Community Grant provided by the District of Squamish during the grant year indicated.
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Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date: