



# Community Grants Application Form

All applications must be submitted by **August 15<sup>th</sup>** of the preceding year

## CONTACT INFORMATION

**Name of Organization:** \_\_\_\_\_

**CRA – Charitable Registration Number Number (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_

## AID REQUESTED (Check One)

- |  |  |                              |
|--|--|------------------------------|
| <input type="checkbox"/> Use of District Facilities at No Charge | <input type="checkbox"/> Cash Grant    | <b>Amount (\$):</b><br>_____ |
| <input type="checkbox"/> Grant-in-Kind                           | <input type="checkbox"/> Tax Exemption |                              |

## ENCLOSURES (Mandatory)

	YES	NO
A) Financial Statement for current year or most recent fiscal year end. If not available, please include your organization’s the last Income Tax Return.**	<input type="checkbox"/>	<input type="checkbox"/>

**If NO, state the reason and earliest available date:**

B) Detailed budget for the upcoming year’s operation or the project the aid is being requested to fund.	<input type="checkbox"/>	<input type="checkbox"/>
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**If NO, state the reason and earliest available date:**

*\*\*Application will not be considered if it does not contain Financial Statements, or last Income Tax Return, and the projected budget for the upcoming year or project the aid is being requested to fund.*

## REQUEST DETAILS

**Describe in detail the proposed project or operations of your organization and the intended use of the District's assistance.**

**List all grants or other requests submitted to other organizations and the outcome, if known.**

Organization: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

**List the benefits provided to the District of Mackenzie by your organization and how they fit into Council's Priorities as noted in the attached Council Priorities.**

**Please indicate the number of members of your organization and/or the number of users of your service (if applicable).**

**Is this request for funding for the next calendar year only, or do you anticipate this to be an annual request?**

- Next Calendar Year Only                       Annual Request

**Statement of Understanding**

- I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand **this application including any enclosures submitted is public information.** I authorize reproduction of any plans/reports for the purposes of application processing and reporting.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DUE DATE AUGUST 15<sup>th</sup>**

**Submit Application to:**

Corporate Services  
District of Mackenzie  
P.O. Bag 340, 1 Mackenzie Blvd.  
Mackenzie BC, V0J 2C0

Phone: 250-997-3221  
Email: [info@district.mackenzie.bc.ca](mailto:info@district.mackenzie.bc.ca)