

## DISTRICT OF PORT HARDY Grants-in-Aid, Fee for Service, Honorariums



Council may, in its annual budget, allow for funding to non-profit organizations who directly benefit the town. Requests will be evaluated on individual merit.

To be considered for the *upcoming budget year* requests for grants-in-aid, fee-for-service or honorariums *must be made in writing by September 30<sup>th</sup>* The donation request may be for in-kind help or cash.

### For Fee for Service

- Details of how the assistance is to be used
- · Previous year audited financial statement

#### For Grants-in-Aid and Honorariums

- · Details of the use of funds being raised
- Previous year audited financial statement

For more information contact:

Director of Financial Services
District of Port Hardy,
Box 68, Port Hardy, BC V0N 2P0

Tel: 250-949-6665 Fax: 250-949-7433



# DISTRICT OF PORT HARDY GRANT IN AID APPLICATION

For <u>the upcoming budget year</u> requests for grants-in-aid / honorariums / fee for service must be made in writing by September 30<sup>th</sup>.

Legal Name of	Organization:		
NA '1' A 1 1			
Mailing Addres	S:		Postal Code:
Phone:		Fax:	Email:
Contact Persor	า:		Position:
Provincial Society Registration # (if applicable):			Federal Charitable Tax # (if applicable):
Provincial/Nation	onal Sports Govern	ning Body (if applicable):	
Fiscal year for	Grant:	Total Grant Requested for Fiscal Year: \$	Total Budget for Fiscal Year: \$
the best of m	fy that the informat y knowledge, and t		ion is complete, and is true and correct to the above named organization to make this anization.
Name:		Position	Date
(pleas	e print)		
Signature			
give the Distr project/progra	ict of Port Hardy (cam for which the gr	or a third party appointed by th	ning a District of Port Hardy grant that we e District) the right to review the whether grant monies received were used
Name:		Position	Date
(pleas	e print)		
Signature			
Return to:	Attn: Director District of Port PO Box 68 Port Hardy BC	•	

# **General Grant Information**

1. Describe the operation and history of your organization:
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2. Describe the specific activity or project to which the Grant funding would be applied:
January Community Communit
3. Identify the need for this activity or project and discuss how that need was
identified/determined:
identified/determined.

4. How does your organization plan to meet the identified need:		
5. How will potential clients be informed of your activity or project and how will they		
access your services:		
6. What are the expected outcomes of your activity or project:		
7. List any relevant project/program statistics including a listing of the number of clients		
served in the past two years and the number expected to be served during the duration		
of this grant:		

8. Describe how results of the project are to be measured or evaluated, including any evaluation or measurement results from past years:		
9. Identify any like or similar projects offered in the District and if so a description of the		
uniqueness of your specific project:		
10. List any organizations with whom you collaborate or partner in order to provide client services:		
11. List other funding sources.		
11. List other funding sources.		

The following documents must be attached to this application:  a) Budget for the entire organization including both revenues/expenditures and any in-kind support or expenditure;			
b) Itemized list of all revenues/expenditures relating to the amount of the grant being applied for;			
c) Financial statements from your most recent fiscal year end and			
d) Copy of your most recent month-end financial statements.			
1. Provide rationale for any surpluses identified in attached financial statements (e.g. is surplus restricted and if so for what purpose?):			
2. Outline your contingency plan if this grant application is not approved:			