



Regional Grant-in-Aid Application

Date: _____ Society #: _____

Grant Amount Requested: _____

Organization Information

Organization Legal Name: _____

Civic Address: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Email: _____

Profile

President: _____ Phone: _____ Email: _____

Executive Director: _____ Phone: _____ Email: _____

Board of Directors (attach separate list if necessary):

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

Please provide the purpose and mission statement of your organization:

You must answer 'No' to all the following questions to be eligible for a grant-in-aid:

	Yes	No
a) Is your organization a business or commercial enterprise?		
b) Does your organization have any outstanding debts owed the RD?		
c) Are there past grants for which you have not completed required reporting for?		

Project/Event Information

Projects and events submitted for grant-in-aid consideration must have a regional focus and serve or benefit residents throughout the regional district or in multiple electoral areas and municipalities.

Please indicate the category of this project, event or service:

- Arts/Culture
- Economic Development
- Environmental
- Heritage
- Social
- Sport/Recreation
- Other (Describe) _____

Identify which Electoral Area and/or member municipalities this project, event or service will provide benefit to (check all that apply):

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Ashcroft | <input type="checkbox"/> Kamloops | <input type="checkbox"/> Electoral Area B | <input type="checkbox"/> Electoral Area N |
| <input type="checkbox"/> Barriere | <input type="checkbox"/> Logan Lake | <input type="checkbox"/> Electoral Area E | <input type="checkbox"/> Electoral Area O |
| <input type="checkbox"/> Cache Creek | <input type="checkbox"/> Lytton | <input type="checkbox"/> Electoral Area I | <input type="checkbox"/> Electoral Area P |
| <input type="checkbox"/> Chase | <input type="checkbox"/> Merritt | <input type="checkbox"/> Electoral Area J | <input type="checkbox"/> All |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Sun Peaks | <input type="checkbox"/> Electoral Area L | |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Electoral Area A | <input type="checkbox"/> Electoral Area M | |

Description of project, event or service:

Project Start Date: _____ Project End Date: _____

Who will benefit from the project, event or service?

What will those benefits be?

Is this project, event or service part of your core operations? Yes No

Is the project, event, or service already provided in the community by another organization?
 Yes No

If yes, provide details:

Budget Information

Total Cost of the Project, Event or Service: \$_____

Will you receive other sources of funding? Yes No

Have you applied to other sources, including municipalities for funding? Yes No

Please describe other sources of funding and amounts as anticipated or received:

Amount:	_____	Source:	_____
Amount:	_____	Source:	_____
Amount:	_____	Source:	_____

Recognition

How will the TNRD be recognized for its contribution to this project or event?

Application Authorization

I confirm that the information in this application is accurate and complete and that the project proposal, including plans and budgets, is fairly presented.

I understand that only formally constituted not-for-profit entities, qualified donees or registered charities qualify for Regional Grants-In-Aid funding and that all such grants are approved or not at the discretion of the Board.

I understand that the Society/Organization must have a bank account in its name and that payments will not be made to individuals.

I understand that if my application is successful, I may be required to provide a summary report that includes annual financial statements, a description of how funds were spent, and the outcomes achieved to the Regional District.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act. The TNRD cannot guarantee that information can or will be held in confidence.

I understand that the information provided in this application may be shared with the Board of Directors, Committee(s), Regional District staff and consultants.

I confirm that I am authorized to submit this submission on behalf of the applicant organization.

Application Submission

Please submit all grant applications and attachments by email to grants@tnrd.ca on or before May 1 (spring intake) or September 1 (fall intake). The following attachments must be included with your application:

- Comprehensive project budget, including all sources of funding and detailed costs
- Provide a copy of your organization's current year budget
- Provide a copy of the most recent financial statements for the organization

Applications received that are incomplete, do not meet eligibility criteria, or are received after the deadline will not be considered. Please check to ensure that you have provided all information and details as requested prior to submission.

Applicant Signature: _____

Position: _____

Please review the TNRD's Regional Grant-In-Aid Policy and ensure your organization meets all eligibility criteria for this program and is aware of all requirements of successful applicants.