

Grant-in-Aid Application Form

Name of Organization	
Mailing Address:	
Contact Name:	Phone Number:
Email Address:	

Grant Requested:	<input type="checkbox"/> Grant Assistance	<input type="checkbox"/> In-Kind Assistance
	Amount \$ _____	Details: _____

1. Is your organization non-profit? yes no
2. Is your organization a registered non-profit society in BC yes no

If yes, please provide your Society Registration Number: _____

3. Please describe the services and benefits that your organization provides to the Alberni-Clayoquot Region:

4. Which of the following areas in the Alberni-Clayoquot Region receive a benefit from the services your organization provides:

- | | |
|--|--|
| <input type="checkbox"/> Entire Regional District | <input type="checkbox"/> City of Port Alberni |
| <input type="checkbox"/> District of Tofino | <input type="checkbox"/> District of Ucluelet |
| <input type="checkbox"/> Electoral Area "A" (Bamfield) | <input type="checkbox"/> Electoral Area "B" (Beaufort) |
| <input type="checkbox"/> Electoral Area "C" (Long Beach) | <input type="checkbox"/> Electoral Area "D" (Sproat Lake) |
| <input type="checkbox"/> Electoral Area "E" (Beaver Creek) | <input type="checkbox"/> Electoral Area "F" (Cherry Creek) |

5. Please describe how the services provided by your organization fill a need in the community:

6. Please list all other grants received and/or applied for from other Governments or Service Organizations:

7. Has your organization received a Grant-in-Aid in the past from the Regional District?
 yes no If yes, complete the following:

Year: _____ Amount: _____
Year: _____ Amount: _____

8. Please include with your application, copies of the following:

- (a) **Annual Report;**
- (b) **A copy of your organizations current year budget and latest financial statement;**
- (c) **A brief report outlining what the Grant-in-Aid would be used for.**

6. Submit your completed Grant-in-Aid Application, including the above documentation to:

**General Manager of Administrative Services
Alberni-Clayoquot Regional District
3008 Fifth Avenue
Port Alberni, BC V9Y 2E3
or by e-mail to: wthomson@acrd.bc.ca**

The **Deadline** to Submit Grant-in-Aid Applications is **January 31st** of each year.

Late applications will not be accepted and returned to the applicant.

If you have any questions regarding this application or the information required, please call (250) 720-2700.

Signature of Applicant

Date

For Office Use Only		
Amount Awarded:	Date Approved:	Participating Areas: