Grant-in-Aid
Application Form

Name of Organization

Mailing Address:

Contact Name: Phone Number:

Email Address:

Grant Requested: □ Grant Assistance □ 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:

   □ Entire Regional District □ City of Port Alberni
   □ District of Tofino □ District of Ucluelet
   □ Electoral Area “A” (Bamfield) □ Electoral Area “B” (Beaufort)
   □ Electoral Area “C” (Long Beach) □ Electoral Area “D” (Sproat Lake)
   □ Electoral Area “E” (Beaver Creek) □ 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:

Corporate Secretary
Alberni-Clayoquot Regional District
3008 Fifth Avenue
Port Alberni, BC  V9Y 2E3

The **Deadline** to Submit Grant-in-Aid Applications is **January 31**th 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

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For Office Use Only

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<th>Amount Awarded:</th>
<th>Date Approved:</th>
<th>Participating Areas:</th>
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