



2025 ACRD GRANT-IN-AID APPLICATION FORM

ORGANIZATION INFORMATION

Organization Name:	
Society Number: <i>(N/A for applications <\$500)</i>	
Contact Person:	
Street Address:	
City, Province, Postal Code:	
Phone:	
Email:	
Identify your Organization Type (see GIA Policy for definitions):	
<input type="checkbox"/>	Registered Organization
	Non-Registered Organization <i>(for Grant Applications <\$500, on a one-time basis only)</i>

Describe the services & benefits that your organization provides to the Alberni-Clayoquot Region *(specifically indicate which community or communities your organization services):*



**ALBERNI-CLAYOQUOT
REGIONAL DISTRICT**

PROJECT INFORMATION			
Project Name:			
Grant Amount Requested:			
In-kind Resources Requested:			
Project Start Date:		Project End Date:	
Identify the Grant-in-Aid Category you are applying to (select one option only):			
<input type="checkbox"/> Regional GIA (regional projects that benefit residents & visitors across the ACRD)			
<input type="checkbox"/> Alberni Valley & Bamfield GIA (projects that benefit residents & visitors in the AV & Bamfield)			
<input type="checkbox"/> West Coast GIA (projects that benefits residents & visitors on the West Coast)			
<input type="checkbox"/> Bamfield Electoral Area GIA	<p><i>Electoral Area GIA categories are intended to support projects that occur in one of the six Electoral Area's. In most cases, GIA applications can be submitted to one Electoral Area Category only. An exception to this, could be an event that spans across two electoral areas (such as a race that occurs in Beaver Creek & Cherry Creek Electoral Areas).</i></p> <p><i>If you are considering applying to more than one Electoral Area GIA, please discuss this with staff before applying.</i></p>		
<input type="checkbox"/> Beaufort Electoral Area GIA			
<input type="checkbox"/> Long Beach Electoral Area GIA			
<input type="checkbox"/> Sproat Lake Electoral Area GIA			
<input type="checkbox"/> Beaver Creek Electoral Area GIA			
<input type="checkbox"/> Cherry Creek Electoral Area GIA			
Describe the specific activities of the project to which this Grant would be applied (be as specific as possible):			



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Describe how this project will benefit the community (*Describe the expected outcomes and who will specifically benefit from this project*):

Financial Information (*attach a copy of your annual report, a copy of your organizations current year budget, latest financial statement, and an EFT application*).

Item Description (<i>be as specific as possible</i>)	Cost	Amount Requested from ACRD
Totals		



ALBERNI-CLAYOQUOT REGIONAL DISTRICT

APPLICATION DECLARATION

I acknowledge that the information in this application is accurate and complete and that the project proposal, including plans and budgets, is fairly presented.
I acknowledge that this grant application is related to a project within the Alberni-Clayoquot Regional District boundary.
I acknowledge that if an ACRD GIA is received, my organization will utilize the funds as indicated in this application.
I acknowledge that if an ACRD GIA is received, my organization will be required to provide a Final Report by March 31, 2026, including financial documentation related to how the grant funds were spent.
I acknowledge that if grant funds are not fully utilized, that they will be returned to the ACRD.
I acknowledge if my organization does not submit a Final Report, the organization will be ineligible to apply for an ACRD GIA the following year.
I acknowledge that receipt of a GIA does not guarantee funding in the future and that applicants are encouraged to work towards financial independence where possible.
I acknowledge that GIA's will not be provided to subsidize activities that are the responsibility of senior levels of government.

ATTACHMENTS TO INCLUDE WITH THIS FORM

Copy of your groups most recent financial statement <i>(not required for GIA applications <\$500)</i> .
Copy of your organization's current year budget <i>(not required for GIA applications <\$500)</i> .
A copy of your annual report, if available <i>(not required for GIA applications <\$500)</i> .
A completed Electronic Funds Payment Application and void cheque.



ALBERNI-CLAYOQUOT REGIONAL DISTRICT

APPLICATION SUBMISSION

Submit your completed GIA application form and attachments via email to GIA@acrd.bc.ca or deliver to:

Alberni-Clayoquot Regional District
Grant-in-Aid Program
3008 5th Ave
Port Alberni, BC V9Y 2E3

Application deadline is April 30, 2025.

Applications that do not meet eligibility criteria or are received after the application deadline, will not be considered.

Assistance to apply is available to all applicants. If you would like assistance in applying, please reach out to ACRD staff through email GIA@acrd.bc.ca or via phone at 250-720-2700.

Declaration: I declare that the information provided in this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Note: The personal information collected in this survey is collected in accordance with Section 26 (c, d, e) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for the purposes of consideration regarding applications to the Alberni-Clayoquot Regional District Grant-in-Aid program. Direct any questions about the collection, use and disclosure of this information to foi@acrd.bc.ca.