

# Grants in Aid Application

finance@castlegar.ca

CASTLEGAR

## Application Submission Deadline

### Applications are accepted four times per year

- Application deadline: January 15  
Decision to Applicant: April 15
- Application deadline: April 15  
Decision to Applicant: July 15
- Application deadline: July 15  
Decision to Applicant: October 15
- Application deadline: November 15  
Decision to Applicant: January 15 (of the following year)

## Grant requests are evaluated in accordance with Council's Grant Policy 3-2

- Applicants are encouraged to submit an application well in advance of their project start date.
- Projects/events/activities must be completed within 12 months of receiving the grant.
- Projects/event/activities must not duplicate those already provided within the community.
- Grants are subject to the availability of funds in Council's current year's operating budget.
- Approval of a grant application in any year does not imply or suggest that approval will be received in subsequent years.

## The following groups or activities are not eligible for funding:

- Political parties or lobby groups
- Organizations whose service is not available to all segments of the public (e.g. organizations based on race, religious preference or national origin)
- Organizations, projects and activities outside Castlegar
- Travel expenses outside Castlegar
- Grants to individuals

## Submitting completed application and supporting documents

### Please mail applications to:

City of Castlegar  
Financial Services Department  
460 Columbia Avenue  
Castlegar, BC V1N 1G7

### Or email applications to:

grants@castlegar.ca

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PART 1. APPLICANT INFORMATION		
Name of Organization		Date of Application
Mailing Address Including Postal Code		
<b>Contact:</b> Last Name	<b>Contact:</b> First Name	Title
Phone Number	Email	
PART 2. ORGANIZATION INFORMATION		
Date Organization Formed	Is your organization a registered society? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide registration number
If no, please describe organization's non-profit status		
Have you received funding from the City of Castlegar before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide date of last grant
PART 3. PROJECT INFORMATION		
Name of Project	Project Start Date	Project End Date
Project Description		

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## PART 3. PROJECT INFORMATION (CONTINUED)

How will this project benefit the Community?

## PART 4. PROJECT BUDGET

The required project budget and most recent financial statements are enclosed  
 Yes

Grant Amount Requested from the City

How will the City of Castlegar funds be used in the project?

List other secured contributors and amounts (including volunteer labour and in-kind sponsorship)

If applicable, the applicant must acknowledge the support of City of Castlegar in all print and publicity material related to the project, including during the event. How will the City of Castlegar be acknowledged for its support?

## INTERNAL USE

Date Application Received

Date Approved

Amount Approved

Final Report Received On or Before Dec 1

Yes

No

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## PART 5. SIGNATURES

I agree to comply with the following requirements:

1. Any funds awarded will be used solely for the purpose of approved project/activity, unless written permission is obtained from the City of Castlegar.
2. In the event that the project is not completed, the City of Castlegar reserves the right to request the return of the grant.
3. The City of Castlegar will be acknowledged for their contribution/support as described in Section D of the Application.
4. The organization must prepare, using the form provided, a final report on how the monies were spent, including a budget sheet and pictures, if available. Report is to be received by the City on or before December 1 of the year funds were received or the organization shall be ineligible for further grant funding for a period of 3 years from the year the grant was received.

I have reviewed this application and accompanying documents, and to the best of my ability confirm that the information contained herein is true and complete in every respect.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date