



# GRANTS-IN-AID PROGRAM APPLICATION

APPLICATION DEADLINE: November 15

Personal information collected on this form is collected for the purpose of processing a request for the Grant-In-Aid Program. The personal information is collected under the authority of the *Community Charter and/or Local Government Act* and pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection, contact the City of Colwood, 3300 Wishart Road, Colwood, B.C., V9C 1R1, Tel: 250-478-5999.

**ORGANIZATION INFORMATION** (please print clearly)

**GRANT AMOUNT REQUESTED:** \$ \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON NAME \_\_\_\_\_

CONTACT PERSON TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

**ELIGIBILITY** - Please review the eligibility criteria and policy excerpt located on pages 3 and 4 of this form.

Is the applicant organization eligible to apply? YES NO

**If "YES" was answered above please proceed to answer the following questions.**

- Is the applicant organization a registered non-profit society in BC? YES NO

Society or charity registration number: # \_\_\_\_\_

- Does the applicant organization provide a social enrichment service locally? YES NO

- Does the organization benefit from a permissive tax exemption? YES NO

- Have you applied for a grant from the City of Colwood in prior years? YES NO

- Have you received a grant from the City of Colwood in prior years? YES NO

Amount of last grant received from the City: \$ \_\_\_\_\_

**GENERAL INFORMATION** - Where space provided is insufficient please attach additional pages.

**Organizational Mandate:**



**Grant Purpose:**

**Benefit to Colwood** – *How would the requested grant enhance quality of life for residents in the City?*

**Volunteer and Citizen Participation** - *Describe the number of participants and the nature of their involvement.*

**Funding Decision** - *Use this area to describe the impact of receiving funding or non-funding.*

**PROJECT INFORMATION** – *Complete this area if applicable*

Project Dates:	
Project Location:	
Project Description and Purpose:	

**Project Cost Overview:**

<i>Include total cost of project, portion of total cost allocated to staffing (administrative cost), and amount of total cost funded by the applicant organization.</i>	Total Cost	\$	100 %
	Administrative Cost	\$	%
	Applicant Organization Contribution	\$	%

**ELIGIBILITY CRITERIA**

- No grant request will be forwarded for consideration if a previous grant was provided and the conditions of funding specified in this policy or by resolution of Council were not complied with. Application must be submitted no later than November 15 of the year prior to the project year.
  - Preference will be given to applications from organizations based in Colwood followed by those that provide a direct service to Colwood residents.
  - No retroactive funding applications will be considered.
  - No grant request will be forwarded for consideration unless all applicable information has been provided and staff has confirmed completion of the grant application.
  - City grants cannot be used by the receiving organization to issue grants to another entity/individual.
  - Any direct or indirect benefit from a permissive tax exemption must be declared in the application.
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**DOCUMENT CHECKLIST**

**Attach the following required documentation:**

- |  |   |
|--|---|
| <input type="checkbox"/> Organization’s current year budget                  | <input type="checkbox"/> Organizational chart <i>(if applicable)</i>  |
| <input type="checkbox"/> Organization’s latest annual financial statements   | <input type="checkbox"/> Project details including location, attendance, expense and revenue estimates <i>(if applicable)</i> |
| <input type="checkbox"/> Organization’s annual report <i>(if applicable)</i> |   |
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***By signing below I certify that I possess signing authority for the applicant organization and that the information enclosed in this application is complete and accurate to the best of my knowledge and ability.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please submit your organization’s completed application to:***

Manager of Finance  
City of Colwood  
3300 Wishart Road, Victoria, BC V9C 1R1  
Telephone: 250-294-8149 Email: kmclennan@colwood.ca

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**City of Colwood – Finance Department**

3300 Wishart Road, Victoria BC V9C 1R1 P 250 294 8150 E finance@colwood.ca

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**POLICY EXCERPT - (GRA 001)**

1. The City of Colwood may make financial assistance available to registered non-profit or charitable organizations providing:
  - a. Applicants demonstrate a need for financial support.
  - b. The financial support is limited to services that aren't currently provided by the City.
2. Preference will be given to those organizations serving the City of Colwood.
3. No retroactive grant in aid requests will be considered.
4. Sports organizations do not qualify for such assistance.
5. Application Deadline: November 15 of the year preceding the year funding is being requested.
6. A summary report of the applications will be presented to a Council during annual budget process.

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**ASSESSMENT PROCESS**

- Applications will be reviewed by staff, ensuring completeness of each application. Review and approval or denial of completed applications will be included in the annual budget process.
- Applications will be considered in a public meeting with members of Council and Finance staff in attendance. The merits of applications will be carefully considered with recommendations being forwarded to Committee of the Whole for consideration.
- There is no appeal on the decision of Council regarding an application that is not supported.

***Applications received that are incomplete, do not meet the criteria, or are submitted after the deadline will not be considered. Please ensure all requested information is provided with the application prior to submission.***