Anually, the Council of the District of Coldstream may provide assistance by way of a grant to not-for-profit organizations which provide services that the Council considers necessary or desirable. The deadline for applications is September 30, 2020.

Grants must be applied for on an annual basis and approval in one year does not imply or suggest that approval in any subsequent year will occur.

Application forms are available at the District office, 9901 Kalamalka Road, Coldstream, between the hours of 8:00 am and 4:30 pm, Monday to Friday or on line at www.coldstream.ca

Patricia (Pat) Higgins
Director of Financial Administration
The District recognizes and values not-for-profit organizations and the significant work done by volunteers, and further recognizes that these organizations will, from time to time, need financial assistance.

The Council of the District may approve grants-in-aid in accordance with the Community Charter. These are one-time grants for the year applied for only.

In order for Council to consider these requests and set priorities during the budget process, organizations applying for a grant-in-aid must have the request to the District by September 30th of the previous year. There is a maximum annual grant of $1,000 per applicant.

To be eligible, non-profit and/or charitable organizations:

- must be a registered non-profit Society in British Columbia OR have charitable status within Canada;
- must operate within the boundaries of the municipality OR may contribute to the general interest, health, and/or welfare of the municipality in its entirety;
- may have a purpose of providing residents and non-residents with information about the District and its advantages as a business, educational, residential, recreational, or tourism center; and
- must demonstrate that the grant request is for a specific service or use, and will provide a social enrichment service to the community.

Preferential consideration will be given, in the following order, to grant applicants who conduct substantially all of their operations within:

1. Coldstream
2. Greater Vernon
Application for Grant in Aid

District of Coldstream
9901 Kalamalka Road
Coldstream, BC V1B 1L6
t: 250-545-5304 f: 250-545-4733
coldstream.ca

ORGANIZATION INFORMATION

Application Date: ____________________________
Name of Group: ________________________________________________________________
Contact Person: ________________________________________________________________
Mailing Address: ________________________________________________________________
City: _____________________ Prov: ___________ Postal: ____________________________
Phone: ___________________ Email: ____________________________________________

BOARD OF DIRECTORS (or attach separate listing)

Officer # 1: _____________________ Position: ______________________________________
Officer # 2: _____________________ Position: ______________________________________
Officer # 3: _____________________ Position: ______________________________________
Province of BC Society Registration #: ___________________________ Date of Incorporation: ____________
Federal Charity/Society Registration #: ___________________________ Date of Incorporation: ____________

CHECKLIST

☐ The organization’s most recent Financial Statements, including an Operating Statement and a Balance Sheet, or equivalents.
☐ The organization’s most recent Budget of revenue and expenditures, together with comparatives for the previous 12-month fiscal period. Please show capital expenditures separate from operating expenditures.
☐ Proof of good standing with the registrar under the Society Act of BC.
☐ Other pertinent information in support of your request.

YOUR ORGANIZATIONS OBJECTIVES AND SERVICES (please read the policy statement on annual grants)

1. Describe your organization’s purpose and mission and how your services meet them:

2. How is the function of your organization mainly for the benefit of the citizens of Coldstream?
3. How long has your organization been in existence in Coldstream?

4. Describe your client group(s)

5. Provide details on the current membership of your organization (i.e. number of members, fees/due paid etc.)

6. How is your organization working towards self-sufficiency?

---

**GRANT INFORMATION**

7. Grant Amount Requested: 

8. Purpose to which grant funds will be expended: example: Operational, Special Event, Start up Grant, Special Project

9. Has your Organization received a grant in previous years from the District of Coldstream. Please indicate year and amount for past three years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Does your organization receive any benefit from a permissive tax exemption, and if so, how much? (Information available from District of Coldstream Tax Department)

- [ ] No
- [ ] Yes

Value of Tax Exemption: ____________________________
11. Amount of grant received from Senior Governments (Provincial/Federal), Local Governments, Crown Agencies, and other funding Agencies for the past three years.

<table>
<thead>
<tr>
<th>Name of Contributors</th>
<th>Year</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. List all other agencies to whom a grant has been requested for the ensuing year, note amount of request and status of request.

DECLARATION

On behalf of the organization, I (a signing officer of the organization) hereby declare that all the information presented and provided with this application is true and correct.

Signature ______________________________________________________________________
Print Name _____________________________________________________________________
Date __________________________________________________________________________

Position ______________________________________________________________________

PLEASE FORWARD PRIOR TO September 30th, OF THE ENSUING YEAR, TO:

Attention: Director of Financial Administration
District of Coldstream
9901 Kalamalka Road
Coldstream BC V1B 1L6

This information is collected for administrative and/or operational functions of the District of Coldstream, authorized by the Community Charter. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions regarding the collection of this information, you may contact the Director of Corporate Administration.
PROPOSED PROGRAM BUDGET

NAME: ________________________ YEAR: ________________________

List all expenses and sources of project revenue, including “in-kind” contributions from your (or any other) organization.

<table>
<thead>
<tr>
<th>A. INCOME</th>
<th>LAST FISCAL YEAR</th>
<th>THIS FISCAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If program was in existence)</td>
<td>(Proposed program budget)</td>
</tr>
</tbody>
</table>

- District of Coldstream Grant(s)
- Fees or Membership Dues
- Government Revenue (specify)

- Interest Income
- Bingo revenues
- Casino revenues
- Fundraising projects
- Other Revenue (specify)

Total Income

<table>
<thead>
<tr>
<th>B. EXPENSES</th>
<th></th>
</tr>
</thead>
</table>

- Administration
- Wages/Honouraria/Benefits
- Supplies and Equipment
- Major Capital Costs
- Mortgage/Rent/Utilities
- Fees (licensing, etc.)
- Insurance
- Shipping/Transportation
- Advertising/Printing/etc.
- Other(specify)

Total Expenses

NET SURPLUS/LOSS