



## APPLICATION FOR COMMUNITY SERVICE GRANT

<b>ORGANIZATION:</b>		<b>PRESIDENT/CHAIR/EXECUTIVE DIRECTOR:</b>	
<b>ADDRESS:</b>		<b>TELEPHONE:</b>	
<b>CONTACT PERSON FOR THIS APPLICATION:</b>			
<b>POSITION:</b>			
<b>EMAIL:</b>			
<b>OVERVIEW OF YOUR ORGANIZATION'S PROGRAMS AND SERVICES OFFERED IN THE COMMUNITY:</b>			
<b>GEOGRAPHIC AREA SERVED BY THE ORGANIZATION:</b>			
<b>NO. OF FULL TIME STAFF:</b>		<b>NO. OF PART TIME STAFF:</b>	
<b>NO. OF COMMUNITY VOLUNTEERS:</b>		<b>NO. OF VOLUNTEER HOURS PER YEAR:</b>	
<b>NO. OF MEMBERS:</b>		<b>MEMBERSHIP FEE:</b>	
<b>CLIENTS SERVED, LAST YEAR:</b>		<b>CLIENTS SERVED, THIS YEAR (PROJECTED):</b>	
<b>* B.C. SOCIETY ACT REG. NO.:</b>		<b>REVENUE CANADA CHARITABLE REG. NO.:</b>	
<b>CURRENT BUDGET:</b>			
<b>INCOME:</b>		<b>EXPENSES:</b>	
<b>NEXT YEAR PROJECTED:</b>			
<b>INCOME:</b>		<b>EXPENSES:</b>	
<b>TOTAL GRANT REQUESTED:</b>			
<b>SIGNATURE:</b>		<b>TITLE/POSITION:</b>	<b>DATE:</b>
<p><b>NOTE: YOUR ORGANIZATION'S MOST RECENT CONSOLIDATED FINANCIAL STATEMENT (OR YEAR-END FINANCIAL STATEMENTS ENDORSED BY TWO SIGNING OFFICERS FOR THE BOARD OF DIRECTORS) MAY BE REQUESTED AT A LATER DATE.</b></p> <p><b>* RECOGNIZED FAITH BASED ORGANIZATIONS THAT ARE NOT REGISTERED SOCIETIES ARE ELIGIBLE.</b></p>			



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**PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW YOUR ORGANIZATION WOULD USE THE GRANT MONIES APPLIED FOR, AND HOW THE COMMUNITY WOULD BENEFIT SHOULD YOUR APPLICATION BE SUCCESSFUL.**

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***MAIL COMPLETED FORM TO:***

**JOHN HORN, SOCIAL PLANNER  
CITY OF NANAIMO  
455 WALLACE STREET  
NANAIMO, BC V9R 5J6**

***OR DROP OFF AT:***

**COMMUNITY PLANNING SECTION  
CITY HALL ANNEX  
238 FRANKLYN STREET  
NANAIMO, BC**