



## SOCIAL DEVELOPMENT GRANT APPLICATION FORM

Please complete the form below keeping the information within the established spaces.  
After completing the form, print and send with accompanying documents to:

City of Nanaimo  
Community Planning Section  
Attention: John Horn, Social Planner  
455 Wallace Street, Nanaimo, BC V9R 5J6  
(drop off address is 238 Franklyn Street)  
Ph. (250) 755-4483 Fax (250) 755-4479

Please attach the following supporting documentation to this application form:

1. Copy of the society's philosophy or mission statement;
2. If you are not a non-profit society please include a letter of agreement from your sponsoring organization(s);
3. Job descriptions of any positions paid for by the civic grant;
4. Consolidated financial statement (or year-end financial statements endorsed by two signing officers for the Board of Directors);
5. A list of Board of Directors (including position held, address and phone number);
6. Letters of support (max. 2);
7. Letters confirming funding from all partner agencies.

### A. SPONSOR INFORMATION:

Legal Name of Organization & Mailing Address:

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Date of Application:

Phone: (250) \_\_\_\_\_ Fax: (250) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Position(s): \_\_\_\_\_

Society Registration Number:

Is your society in good standing with the Registrar?

Yes                      No

Fiscal Year for grant:

Amount Requested from the City: \$

Total Project Budget: \$





**C. PROJECT BUDGET:**

**PROJECT REVENUE** (Please provide detailed revenue projections and indicate any revenue sources that have been confirmed)

Grant Source (please list all grants received or presently being pursued for this project)	Amount \$	Confirmed (Yes/No)
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Grants</b>	\$	
<b>Project/Program Revenue (if any)</b>		
	\$	
	\$	
	\$	
<b>Total Project/Program Revenue</b>	\$	
<b>Other Revenue Sources (e.g. Donations/Services in Kind)</b>		
	\$	
	\$	
	\$	
<b>Total Other Revenue</b>	\$	
<b>TOTAL ALL REVENUE</b>	\$	

**PROJECT EXPENSES**

Expense Item:	Amount \$	Expenses City Funding Applied To
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL ALL EXPENSES</b>	\$	

**Who are your partners? Please list all those involved in planning and implementing the project:**

<b>Name:</b>	<b>Organization:</b>	<b>Letter Included? Yes</b>	<b>No</b>
<b>Name:</b>	<b>Organization:</b>	<b>Letter Included? Yes</b>	<b>No</b>
<b>Name:</b>	<b>Organization:</b>	<b>Letter Included? Yes</b>	<b>No</b>
<b>Name:</b>	<b>Organization:</b>	<b>Letter Included? Yes</b>	<b>No</b>

**D. DECLARATIONS:**

I hereby certify that the information included with this application is complete, and is true and correct to the best of my knowledge, and that I have been authorized by the Board of Directors to make this declaration and to submit this application on behalf of the above named organization.

Signature\_\_\_\_\_Position\_\_\_\_\_Date\_\_\_\_\_

I hereby declare that if our organization is successful in obtaining a City of Nanaimo Social Development Grant that we give the City of Nanaimo (or third party appointed by the City) the right to review the project/program for which the grant was obtained to ascertain whether grant monies received were used for the stated purpose(s) set out in this application.

Signature\_\_\_\_\_Position\_\_\_\_\_Date\_\_\_\_\_

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