

Other Grants are available to recognize the significant value that volunteers, volunteer groups and *Non-Profit Organizations* contribute to the spiritual, educational, social, cultural, and physical well-being of the community. Up to two intakes are offered annually. Completing an application does not guarantee approval.

APPLICANT INFORMATION

Name(s):		Position:
Mailing Address:	City:	Postal Code:
Email:	Phone:	

PROPERTY INFORMATION

Civic Address:	Folio:
Legal Description:	
Registered Owner (if different from applicant):	

ORGANIZATION INFORMATION

Organization Name:	
Representative Name:	Email:
Is the Organization a registered Society?	<input type="checkbox"/> Yes - Registration No.: <input type="checkbox"/> No
Is the Organization a Registered Charity?	<input type="checkbox"/> Yes - Registration No.: <input type="checkbox"/> No
Number of full-time staff:	Number of part-time staff:
Number of community volunteers:	Number of volunteer hours/Year:
Please provide a brief description of the organization's mandate:	
How is the organization funded?	
What other organizations provide similar programs and services?	

Is there a fee to any of the activities/services provided by the organization? ☐ Yes ☐ No

If yes, please provide details of the fee(s):

Fee Type (annual, monthly, etc.)	Fee Amount	Description
	\$	
	\$	
	\$	

Detail current and/or planned revenue-generating activities by the organization.

Has the organization received assistance from the City of Nanaimo in previous years (Other Grant, Permissive Tax Exemption, In-kind...)?

☐ Yes (please complete the table below) ☐ No

Year	Amount	Purpose for Which Assistance Was Used
	\$	
	\$	
	\$	

GRANT REQUEST

Amount of grant requested: \$

☐ Capital grant ☐ Community event funding ☐ Educational funding ☐ Emergency funding

☐ In-kind funding for facility rental

Facility address:

Rental dates & times:

☐ Other:

Proposed use of funding:

How will the use of this funding benefit a large portion of the community?

What would be the consequences to not being awarded this funding?

List other agencies/organizations whose financial or in-kind support has been requested for this project.

Organization Name	Amount Requested	Status of Request
	\$	
	\$	
	\$	

SUPPORTING DOCUMENTATION

- ☐ Certificate of Good Standing from BC Registry Services
- ☐ Confirmation of Charity status per Canada Revenue Agency (if applicable)
- ☐ Financial Statement for most recent fiscal year
- ☐ Current year budget
- ☐ Invoice/quote for capital purchase

SIGNATURE

I am an authorized signing officer of the organization and I certify that the information given in this application is accurate and complete. Should an Other Grant be granted for the above listed project/event, I agree to the following terms:

- Any unused funds from the Other Grant are to be returned to the City of Nanaimo;
- The property use will be in compliance with all applicable municipal policies and bylaws; and
- The organization will publicly acknowledge the Other Grant awarded by the City.

Signature

Date

NOTES

First Intake - May 15th

Second Intake - September 15th (if funding available)

Submit to:

Email: pte@nanaimo.ca

Mail: 455 Wallace Street, Nanaimo, BC V9R 5J6

RECEIVED STAMP