

OTHER GRANT

The City of Nanaimo, in cooperation with the Regional District of Nanaimo, maintains an annual program to award civic grant funding to eligible non-profit organizations operating in the City of Nanaimo. There are four kinds of funding provided: Educational, Emergency, Capital grants on a matching basis (max \$5,000) and In-kind facility rental.

APPLICANT INFORMATI	ON				
Contact Person:		Positi	on:		
Mailing Address:		City:	Postal Code	:	
Email:		Phone	e:		
PROPERTY INFORMATIC	DN				
Civic Address:			Folio:		
Legal Description	Lot:	Block:	Range:		
	Section:	Plan:	District:		
Registered Owner (if diff	ferent from applicant):				
ORGANIZATION INFORMATION Please co		ease complete a separat	e form for each property.		
Organization Name:					
President Name:		Phone:			
Is the Organization Registered under the BC Societies Act?		Act? 🛛 Yes Registra	ation No.:	No	
Is the Organization a Registered Charity?		Yes Registra	ation No.:	🗌 No	
No. of Full-Time Staff:		No. of Part-Tim	e Staff:		
No. of Community Volunteers:		No. of Voluntee	er Hours per year:		
No. of Members:		Membership Fe	Membership Fee:		
No. of People Served last year:		Projected No. c	Projected No. of People served this year:		
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Please provide a brief description of the goals and objectives of the organization:

What other organizations provide similar programs/services?

GRANT REQUEST		
Amount of Grant Requested:	\$	Is this a new program? 🗌 Yes 📄 No
Kind of Funding Requested:	Educational	Emergency Capital Grant In-Kind Facility Rental
If in-kind:		
Facility Address:		
Rental Dates & Time:		
Proposed Use of the Grant:		

oposed Use of the Grant:

Describe how your organization is funded. Are there any particular issues related to financial stability that might jeopardize your organization's ability to carry out the program/event you are applying for an Other Grant?

Is there a fee for any of the activities provided by the organization?

Yes No. of Participants: _____ Duration within the year: _____ No Please provide details of the fees for service in your organization:

Fee Type	Fee Amount	Description

How are costs and fees determined?

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

Detail how your organization serves a large portion of the community, or the entire community.

Has the organizat	ion received assistance (Other Grant, Permissive Tax Exemption, In-Kind) from the City of Nanaimo in
previous years?	Yes (please complete the table below) No

Year	Amount	Purpose for which assistance was used	

How does your organization ensure that its services address continuing and emerging community needs?

SUPPORT FROM OTHER ORGANZATIONS

List other agencies/organizations, and in particular, other local governments, whose financial or in-kind support has been requested for this project.

Agency/Organization Name	Amount Requested	Status of Request

Is there any other information about your organization that you would like to provide to support your application?

SUPPORTING DOCUMENTATION

Certificate of Good Standing as registered society per BC Registry Services

Confirmation of charity status per CRA (if applicable)

Financial Statement for most recent fiscal year

Current Budget

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.

Name

Position

Date

Signature

Note: Completing this application does not guarantee approval. Your application will be reviewed, and you will be contacted.

NOTES

Application must be submitted using this form. Please complete the form and submit the form, along with applicable supporting documentation, to the Finance Department:

Mail: Finance Department – Taxation: 455 Wallace Street, Nanaimo, BC V9R 5J6 **Email:** pte@nanaimo.ca

OFFICE USE ONLY

Application Received Date:

Application Status: Approved Grant Amount \$_

Denied – Reason: _

Personal information you provide on this form is collected pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Records/Information & Privacy Coordinator by email: <u>foi@nanaimo.ca</u> or phone: 250-755-4405.