

# Grant Application Form



## Basic Information

### For what type of grant are you applying?

- Emergency Grant
- Grant to Address the Sexual Exploitation of Youth
- Community Social Development Grant

Category:  Establishment  Operational  Special Project

Project / Program Name & Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grant amount applied for? \$ \_\_\_\_\_ % of project budget \_\_\_\_\_ %

Has your organization ever received grant funding from the City? Yes / No

If yes, in what year(s) & what type of grant? \_\_\_\_\_

\_\_\_\_\_

## About Your Organization

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Operating at: \_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Society Registration/BIN Number: \_\_\_\_\_ Year Registered: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Fiscal year end: \_\_\_\_\_ / \_\_\_\_\_  
(day) (month)

List any other geographic areas in which your organization operates: \_\_\_\_\_

\_\_\_\_\_

### Your Organization’s Personnel

1) Organization Executive and Staff:

President: \_\_\_\_\_ Telephone: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Do the President or Directors receive remuneration of any kind? Yes / No

3) List the number of paid staff positions:

	Full time	Part-time	Total
This fiscal year			
Last fiscal year			

4) List the volunteers contributing to your organization:

	Number of Volunteers	Annual Volunteer Hours
This fiscal year		
Last fiscal year		

### Your Organization’s Objectives and Services

1) Describe your organization’s objectives and how your services meet them:

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2) Describe your client group(s) ( e.g. age, sex, language, disability(s), etc.):

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3) How does your group co-operate with groups providing similar services?

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### Your Proposed Program Budget

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

<b>A. Income</b>	<b>Last Fiscal Year</b>	<b>This Fiscal Year</b>
	(If program was in existence)	(Proposed program budget)
City of Kelowna Grant(s)		
Fees or Membership Dues		
Government Revenue (specify)		
Interest income		
Bingo revenues		
Direct access revenues		
Fundraising projects		
Other Revenue (specify)		
<b>TOTAL INCOME</b>		
<b>B. Expenses</b>		
Administration		
Wages/Honouraria/Benefits		
Supplies and Equipment		
Major Capital Costs		
Mortgage/Rent/Utilities		
Fees (licensing, etc.)		
Insurance		
Shipping/Transportation		
Advertising/Printing/etc.		
Other (specify)		
<b>TOTAL EXPENSES</b>		

**Details of Your Organization’s Grant Request**

- 1) Attach a brief (maximum 3 page<sup>1</sup>) summary including:
  - a) *the need the proposed program will meet;*
  - b) *the population it will serve;*
  - c) *the amount of community support for the program;*
  - d) *agencies providing similar services, and how you intend to co-operate with them;*
  - e) *other sources of funding you are pursuing. If this is an **emergency grant**, a detailed business plan (see footnote 1) for securing more permanent funding will be required;*
  - f) **how your proposal fits within the policy framework in the Official Community Plan (OCP)<sup>2</sup>. Refer by number to specific policies. measurable performance targets and target dates for implementation & distribution;**
  - g) *additional information as needed.*

**Your Directors’ Declaration**

*We, the undersigned, do hereby certify that this application and all appended forms and/or documents contain a full and accurate account of all matters stated:*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed original application and six copies to:**  
**Central Okanagan Foundation**  
**Suite 217 - 1889 Springfield Road**  
**Kelowna, BC**  
**V1Y 5V5**  
**Attention: Cheryl Miller**

**Grant Applications for Community Social Development and to Address the Sexual Exploitation of Youth Programs must be submitted by the last Friday in February at 3:30 p.m.**

<sup>1</sup> For an emergency grant, additional material to show a business plan for securing other funding sources, will be recognized.

<sup>2</sup> The Official Community Plan is available at City Hall and online at the City of Kelowna web site [www.kelowna.ca](http://www.kelowna.ca) – Under “City Hall” click on **Official Community Plan**

