

City of Salmon Arm
Grants-in-Aid Program
Application for Annual Grant

Name of Group: _____

Address: _____ Postal Code: _____

Registered Society Number: _____

President: _____ Telephone Number: _____

Contact Person: _____ Telephone Number: _____

Contact Person's E-mail address: _____

No. of Paid Staff: _____ No. of Members/Persons Served: _____

Objectives or Aims of the Group: _____

_____.

How long has your group been in Salmon Arm? _____

Amount Requested from the City of Salmon Arm: \$ _____

How will this grant be used by your organization? _____

_____.

Will City of Salmon Arm facilities be used? (give details) _____

How will the community and/or participants benefit? _____

What other grants have you received this year? List amounts and names of granting organizations.

\$ _____

\$ _____

\$ _____

What are your other sources of funding? (e.g. membership fees, bottle drives, etc.)
How much do you raise from each source?

_____ \$ _____

_____ \$ _____

_____ \$ _____

List any other information that would assist in the evaluation of your request.

Applicants must read the attached parameters/guidelines to determine eligibility for receiving a City of Salmon Arm grant.

Applications must be accompanied by the following supporting information:

- a. The organization's most recent Financial Statements.
- b. The organization's projected Budget for the upcoming calendar or fiscal year.

Mail application **before December 15th** to:

Shuswap Community Foundation
Box 624
Salmon Arm BC V1E 4N7

Office location: #3 - 101 Harbourfront Drive NE, Salmon Arm

ON BEHALF OF THE ORGANIZATION, I/WE DECLARE THAT ALL THE INFORMATION PRESENTED WITH THIS APPLICATION IS TRUE AND CORRECT.

DATED AT SALMON ARM, B.C. THIS _____ DAY OF _____, 20__

NAME: _____

SIGNATURE: _____