



**SHUSWAP  
COMMUNITY  
FOUNDATION**

**SALMON ARM**  
SMALL CITY, BIG IDEAS

Box 624  
102-160 Harbourfront Drive NE  
Salmon Arm BC, V1E 4N7  
Ph: 250- 832-5428  
Email:  
[info@shuswapfoundation.ca](mailto:info@shuswapfoundation.ca)

## **CITY OF SALMON ARM - APPLICATION FOR GRANTS-IN-AID**

### **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 15<sup>th</sup>** to:

Shuswap Community Foundation  
Box 624  
Salmon Arm BC V1E 4N7

Email to: [info@shuswapfoundation.ca](mailto:info@shuswapfoundation.ca)

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: \_\_\_\_\_