

The Corporation of the District of Saanich
COMMUNITY GRANTS PROGRAM

STRATEGIC PRIORITIES GRANT APPLICATION FORM

Deadline for submission: on or before February 1st, 4:30 pm (PST)

Please check which action or objective in Saanich's Strategic Plan your activity and/or project will help to advance:			
<input type="checkbox"/>	Climate Action & Environmental Leadership	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Community Well Being	<input type="checkbox"/>	Economic Development
<input type="checkbox"/>	Housing		

Organization Information

Organization Name:

Permanent Mailing Address:

City:

Postal Code:

Email:

Fax Number:

Contact Person (Name):

Phone Number:

Have you applied for funding from other sources?

If yes, from whom? And for how much?

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria, BC, V8X 2W7, phone: 250-475-1775, email: foi@saanich.ca.

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Funding Request:

Amount of grant request:

Written summary of request, organization information, service provided and benefit to Saanich; or description of project, activity, or event (include date, time, and location) **(Maximum 1000 words)**:

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Description of how funds will be used and time frame to complete (**Maximum 1000 words**):

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Description of how the funds will advance actions and objectives in Saanich's Strategic Plan (**Maximum 1000 words**):

Signature: _____ Date: _____

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FINANCIAL STATEMENT FORM

The Financial Statement Form is not required if you are providing your own financial documents.

Organization: _____

Period ending date: _____

REVENUE:	Amount
Advertising	
Bank Interest	
Donations	
Membership	
Grant: _____	
Grant: _____	
Other: (please list)	
Other:	
Other:	
Other:	
TOTAL REVENUE: (A)	

EXPENSES:	Amount
Advertising	
Bank Charges	
Stationery	
Photocopying	
Other: (please list)	
Other:	
Other:	
Other:	
Other:	
TOTAL EXPENSES: (B)	
Revenue (A) Less Expenses (B)	

ANNUAL BANK BALANCE:	
Balance as of beginning of the year	
+ Revenue	
- Expenses	
Balance at end of fiscal year	
Total committed funds	
Uncommitted bank balance	

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PROJECT BUDGET STATEMENT FORM

The Project Budget Statement Form is not required if you are providing your own budget documents.

Organization: _____

PROJECT EXPENSES (list)

Estimate Costs and out-of-pocket expenses of your project.

ITEM	DESCRIPTION/DETAILS	PRICE/COST	SUBTOTAL
TOTAL PROJECT COST:			

SUMMARY REPORT

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your organization receive a grant in the previous year?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Is the one-page summary report on achievement of previous year's program/ project goals is attached?
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Signature: _____

Date: _____