

The Corporation of the District of Saanich  
COMMUNITY GRANTS PROGRAM

**STRATEGIC PRIORITIES GRANT APPLICATION FORM**

*Deadline for submission: on or before February 1<sup>st</sup>, 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"/> <b>Community Well-being</b>	<input type="checkbox"/> <b>Organizational excellence</b>
<input type="checkbox"/> <b>Affordable Housing, land use and infrastructure management</b>	<input type="checkbox"/> <b>Economic Diversification</b>
<input type="checkbox"/> <b>Climate action and environmental leadership</b>	

**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: fo@saanich.ca.*

**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):

Description of how funds will be used and time frame to complete:

Description of how the funds will advance actions and objectives in Saanich's Strategic Plan:

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: \_\_\_\_\_

<b>REVENUE:</b>
Advertising
Bank Interest
Donations
Membership
Grant: _____
Grant: _____
Other (please list) _____
Other _____
Other _____
Other _____
<b>TOTAL REVENUE: (A)</b>

<b>EXPENSES:</b>
Advertising
Bank Charges
Stationery
Photocopying
Other (please list) _____
Other _____
Other _____
Other _____
Other _____
<b>TOTAL EXPENSES: (B)</b>
<b>Revenue (A) less Expenses (B):</b>

<b>ANNUAL BANK BALANCE:</b>
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
<b>TOTAL PROJECT COST:</b>			

**SUMMARY REPORT**

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

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