



2023
SUNSHINE COAST REGIONAL DISTRICT
Electoral Areas' Grant-In-Aid Policy (BRD5-1850-1)

PLEASE REVIEW BEFORE COMPLETING THIS APPLICATION

only applications fully completed and meeting the specified criteria will be subject to review

IMPORTANT:

- 1) The funding of Electoral Area's Grant-In-Aid is provided by the unincorporated areas of Egmont/Pender Harbour (Area A), Halfmoon Bay (Area B), Roberts Creek (Area D), Elphinstone (Area E) and West Howe Sound and Islands (Area F).
- 2) All project applications that have a measurable benefit to communities outside of these rural areas are **required** to apply to the appropriate municipal grants-of-assistance programs:
Town of Gibsons
District of Sechelt
Sechelt Indian Government District

ELECTORAL AREAS' GRANT-IN-AID PROGRAM GUIDE

1. All applications should detail how they contribute to the general interests and advantage of the Electoral Areas. Those applications that have a measurable benefit to communities outside of the Electoral Areas should apply to the appropriate municipal grants-of-assistance programs and provide confirmation of that application or provide details of other forms of assistance provided by the municipality or municipalities. Not doing so may result in an application being returned or denied.
2. Applicants are generally required to provide a local component of funding, either through fundraising, donation, work-in-kind, contribution from local municipalities or corporate support.
3. It should be noted that the Electoral Areas' Grant-in-Aid process is very competitive and applicants should submit the best and most complete application possible.
4. The application form must be used and accompanied by the required additional documentation listed below:
 - latest financial statement (Balance Sheet and Revenue and Expense Statement)
 - detailed project, program, service or special event budget (including all funding sources for same)
 - summary budget for current year (including anticipated grants)
 - annual report (if available).
5. Incomplete applications will not be accepted and will be returned to the applicant. All complete applications meeting the specified criteria will be subject to review.
6. Applicants are required to explain how their project will benefit either the "Local" or "Regional" Community.
7. Applicants are required to indicate if they are submitting the application on behalf of another organization and that organization is also a non-profit organization.
8. Applicants must have a bank account in the society's / organization's name.

9. Applicants will be notified in writing as to whether or not their request has been successful and, if successful, the amount they will receive. No funding will be available until after the adoption of the Final Budget. Unless other arrangements have been approved by the Board, applicants will receive their funding after August 1st.

10. The society / organization will complete and submit the Reporting Out form no later than January 31 of the year immediately following the year for which the Electoral Areas' Grant-in-Aid was provided.

Maximum Grant is \$5,000.

Grant requests exceeding \$500 will only be accepted from a registered society and proof of registration must be provided (Page 1 of Society's tax return will suffice).

Application Deadline: **CLOSED FOR 2023**

Use only SCRD Application Form. Incomplete Applications will be returned to the applicant. Application Submitted to: **SCRD, 1975 Field Road, Sechelt, BC V7Z 0A8**

***Please see Electoral Areas' Grant-in-Aid Policy BRD5-1850-1
for further information including Evaluation Criteria.***



**SUNSHINE COAST REGIONAL DISTRICT
ELECTORAL AREAS' GRANT-IN-AID APPLICATION - 2023**

Are you a Society submitting this application on behalf of another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name the benefitting organization: _____ <i>(For applications exceeding \$500, applicant must be a registered Society. Proof of registration is required.)</i>	
Society/Organization's Legal Name: _____	
Bank Account in Society / Organization Name:	Yes (payments will not be made to individuals)
Societies Act No. <i>(required for applications exceeding \$500)</i> _____	
Business No. _____	
Mailing Address: _____ _____ _____	Phone No.: _____ Cell No.: _____ E-mail: _____
Contact Person: _____	Title: _____
Did you receive Grant-in-Aid funding from the SCRD last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the amount of last year's grant? \$ _____ If yes, have you complied with the SCRD reporting requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(see "Reporting Out" form attached)</i>	
Which Electoral Area(s) does your project, program, service or special event benefit? Egmont / Pender Harbour <input type="checkbox"/> Halfmoon Bay <input type="checkbox"/> Roberts Creek <input type="checkbox"/> Elphinstone <input type="checkbox"/> West Howe Sound & Islands <input type="checkbox"/>	
Does your project have a measurable benefit outside of the electoral areas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you applied to the appropriate municipal grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name _____ Amount \$ _____ <i>(Municipal Areas being: Town of Gibsons, District of Sechelt, Sechelt Indian Government District)</i>	
Amount of Electoral Areas' Grant-in-Aid being requested: \$ _____	
Category: Arts and Culture <input type="checkbox"/> Sports and Recreation <input type="checkbox"/> Social / Educational / Environmental / Other <input type="checkbox"/>	
Type of Request: Specific Project <input type="checkbox"/> One-Time Special Event <input type="checkbox"/> Specific Project in Special Event <input type="checkbox"/> New Program or Service <input type="checkbox"/>	

Describe your organization's purpose and goals (add pages where required).
Explain how your project, program, service or special event will benefit either the "Local" or "Regional" Community and promote volunteering, participation and citizen involvement (add pages where required).
Describe how the requested grant money will be used and how the SCRD contribution will be recognized (add pages where required).
Does your organization own it's own facility or rent / lease space? <input type="checkbox"/> Own <input type="checkbox"/> Rent / Lease
How many members does your organization currently have? _____
Do you charge a membership fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your annual fee? \$ _____
Did you have a surplus last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly explain: _____

ATTACHMENTS: Before forwarding, please ensure all requested documentation is included:

- ☐ Detailed **project, program, service or special event** budget *(including all funding sources for the project) or see attached template*
- ☐ Latest Financial Statement *(Balance Sheet and Revenue / Expense Statement)*
- ☐ **Organizational** budget for current year *(including anticipated grant)*
- ☐ Proof of Society's registration number *(front page of tax return is sufficient)*
- ☐ Letter of support from society *(if application is made on behalf of a second organization)*
- ☐ Annual Report (if available)

Sunshine Coast Regional District Electoral Areas' Grant-in-Aid PROJECT Budget Template				
Organization Name:				
For Period:		From		To

REVENUE	
Grants (provide Names of Grantors)	
e.g. Government	
e.g. Foundations	
e.g. Corporations	
Earned Income (i.e. interest)	
Individual Contributions	
Fundraising events and sales	
Membership Income	
Additional Revenue (please specify):	
TOTAL INCOME	
EXPENSES	
Salaries and Wages	
Consultant and Professional Fees	
Travel	
Equipment	
Supplies	
Advertising and printing	
Rent	
Utilities	
Other Expenses (please specify):	
TOTAL EXPENSES	
IN KIND SUPPORT (PROVIDE DETAILS):	

OFFICE USE ONLY

Applicant:

Date application received:

Date application confirmed to be complete: _____

- Checklist:
- ☐ Society No. (if application over \$500)
 - ☐ Completed Application Form
 - ☐ Latest Financial Statement
 - Audited: ☐ Yes ☐ No ☐ N/A
 - ☐ Budget Summary for current year
 - ☐ Project Budget
 - ☐ Annual Report
 - ☐ Notification of last year's GIA expenditure ☐ N/A

- Category:
- ☐ Arts & Culture ____
 - ☐ Sports & Recreation ____
 - ☐ Social/Educational/Environmental/Other ____

Amount of Grant-in-Aid Applied For: \$ _____

Amount Approved: \$ _____

Application Denied: ☐

Comments:

Letter sent to applicant informing of decision

Date:

Cheque sent to applicant

Date:



**SUNSHINE COAST REGIONAL DISTRICT
ELECTORAL AREAS' GRANT-IN-AID REPORTING OUT FORM for 2022 Grant**

Society/Organization's Legal Name: _____

Mailing Address: _____

Phone No.: _____

Cell No.: _____

E-mail: _____

Contact Person: _____

Title: _____

What Area(s) were reached by your project, program, service or special event?

Egmont / Pender Harbour ☐ Halfmoon Bay ☐ Roberts Creek ☐

Elphinstone ☐ West Howe Sound & Islands ☐ Regional (All Areas including Municipalities) ☐

Town of Gibsons ☐ District of Sechelt ☐

Amount of Electoral Areas' Grant-in-Aid received: \$ _____

Describe the project, program, service or special event for which the Society / Organization is reporting out (attach receipts, if applicable):

Describe how the project, program, service or special event's anticipated goals / objectives and timelines were or were not met:

Describe how this project, service or special event will continue to be sustainable past the grant time period: