

SUNSHINE COAST REGIONAL DISTRICT ELECTORAL AREAS' GRANT-IN-AID APPLICATION - 2025

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

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 recogniz (add pages where required).	ed	
Does your organization own it's own facility or rent / lease space?	ıse	
How many members does your organization currently have?		
Do you charge a membership fee?	No	
Did you have a surplus last year? If yes, briefly explain:	No	
ATTACHMENTS: Before forwarding, please ensure all requested documentation is included: Detailed project, program, service or special event budget (including all funding source 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)	ces	

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 applicati	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 expenditu	ure □ N/A			
Category:	Arts & Culture Sports & Recreation Social/Educational/Environmental/Othe	er			
	Amount of Grant-in	-Aid Applied For:	\$		
		mount Approved: oplication 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 2024 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, Egmont / Pender Harbour Halfmoon Bay Elphinstone West Howe Sound & Islands Town of Gibsons District of Sechelt	Roberts Creek		
Amount of Electoral Areas' Grant-in-Aid received:	\$		
Describe the project, program, service or special event (attach receipts, if applicable):	for which the Society / Organization is reporting out		
Describe how the project, program, service or special were or were not met:	event's anticipated goals / objectives and timelines		
Describe how this project, service or special event will o	ontinue to be sustainable past the grant time period:		