



**SUNSHINE COAST REGIONAL DISTRICT
ELECTORAL AREAS' GRANT-IN-AID APPLICATION - 2026**

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 SCRCD 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 SCRCD 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 any other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name _____ Amount \$ _____	
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? Own Rent / Lease

How many members does your organization currently have? _____

Do you charge a membership fee? Yes No

If yes, what is your annual fee? \$ _____

Did you have a surplus last year? Yes 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**

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: