

APPLICANT INFORMATION

NAME OF ORGANIZATION:			
REGISTERED CHARITY NUMBER OR SOCIETY NUMBER:			
MAILING ADDRESS:			
CONTACT PERSON:			
PHONE:		EMAIL:	

GRANT INFORMATION

Please indicate purpose of application:

- Licence of Occupation:** for community groups who have operating agreements with and use city-owned buildings to provide ongoing services and require long-term funding.
- Land Lease Agreement:** for community groups that use city-owned land(s) to facilitate the construction/development of on-site improvements by the group to provide services to the community.

LENGTH OF TERM REQUESTED:

DESCRIBE THE PURPOSE AND NATURE OF YOUR ORGANIZATION:

ELIGIBILITY INFORMATION

<p>1. Does the organization provide services that enhances the community’s wellbeing that primarily benefit residents within the City? If yes, please explain:</p>																
<p>2. Does the organization provide services that are accessible to anyone regardless of age, ability, orientation, ethnic/cultural background, or socio-economic status? If yes, please explain:</p>																
<p>3. Is the organization closely in alignment with at least one or more Council’s Strategic Priorities? Select all those that would apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Fiscal Responsibility</td> <td><input type="checkbox"/> Asset Management</td> <td><input type="checkbox"/> Attainable Housing Supply</td> </tr> <tr> <td><input type="checkbox"/> Workplace Culture</td> <td><input type="checkbox"/> Economic Vitality</td> <td><input type="checkbox"/> Infrastructure Readiness</td> </tr> <tr> <td><input type="checkbox"/> Effective Governance</td> <td><input type="checkbox"/> Downtown Revitalization</td> <td><input type="checkbox"/> Indigenous Relationships</td> </tr> <tr> <td><input type="checkbox"/> Future Planning</td> <td><input type="checkbox"/> Crime Reduction</td> <td><input type="checkbox"/> Strengthen Partnerships</td> </tr> <tr> <td><input type="checkbox"/> Livability</td> <td><input type="checkbox"/> Future Growth</td> <td><input type="checkbox"/> Advocacy</td> </tr> </table>		<input type="checkbox"/> Fiscal Responsibility	<input type="checkbox"/> Asset Management	<input type="checkbox"/> Attainable Housing Supply	<input type="checkbox"/> Workplace Culture	<input type="checkbox"/> Economic Vitality	<input type="checkbox"/> Infrastructure Readiness	<input type="checkbox"/> Effective Governance	<input type="checkbox"/> Downtown Revitalization	<input type="checkbox"/> Indigenous Relationships	<input type="checkbox"/> Future Planning	<input type="checkbox"/> Crime Reduction	<input type="checkbox"/> Strengthen Partnerships	<input type="checkbox"/> Livability	<input type="checkbox"/> Future Growth	<input type="checkbox"/> Advocacy
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<p>4. Explain how your organization aligns with Council’s Strategic Priorities (see 3)</p>																
<p>5. Organizations must have obtained, or provide evidence, and be seeking sources of funding from other sources other than the City of Campbell River. Please provide the amount and source:</p>																

Organizations cannot be in direct competition with another duly licenced for-profit business within the City. If your organization is in direct competition, please describe how it does not compete with another for-profit business for the same clientele (i.e. thrift stores vs Value Village).

ATTACHMENTS

The following attachments **must be included** for the application to be complete. Other documents provided other than this application form or requested attachments will not be evaluated. Incomplete, false, and erroneous information or claims on this application will not be considered.

DESCRIPTION	ATTACHED
Please attach the following financial information (all documents are required)	
<input type="checkbox"/> Balance sheet for last two (2) fiscal periods	REQUIRED
<input type="checkbox"/> Income statement for last two (2) fiscal periods	
<input type="checkbox"/> Proof of liability insurance	REQUIRED

AUTHORIZATION

I hereby certify that I have read the **City of Campbell River Council Finance Policy, Section 2.3**; that this application complies with Policy requirements; and that the information contained in this application is complete and correct:

NAME (PLEASE PRINT):	
TITLE/POSITION:	
DATE:	
SIGNATURE:	

The City of Campbell River is collecting this personal information pursuant to s. 26 of the *Freedom of Information and Protection of Privacy Act*, for the following purpose:

26(c) - the information relates directly to and is necessary for a program or activity of the public body.

If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.

The contents of this application are considered public information and may be released to a third party upon request.