



# Grant Application Form

Grant Applications must be received by the Town  
on or before March 1st of each year

## Basic Information

### For what type of grant are you applying?

Category: ☐ Specific Project ☐ Special Event ☐ Program (annual operations)

Project / Event / Program Name & Description: \_\_\_\_\_

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Grant amount applied for? \$\_\_\_\_\_ % of project/event/program budget \_\_\_\_\_%

Date the project, activity, event or program will occur: \_\_\_\_\_

Has your organization ever received grant funding from the Town? Yes No

\* If yes, attach copies of printed material which acknowledged the financial support of the Town.

Has your organization received a permissive tax exemption from the Town? Yes No

\* If yes, in what year(s)? \_\_\_\_\_

Does your organization issue grants to other organizations? Yes No

\* If yes, you must demonstrate that any funding provided by the Town will not be used to fund grants to other organizations and attach it to this grant application form.

### Attachments Required

☐ Resolution of Board of Directors to request a Grant in Aid from the Town of View Royal.

\*\* If there is no Board of Directors, a statement of request must be signed by the majority of the members of the non-profit or community organization.

☐ Prior years financial statements of the organization.

☐ Documentation Town funding will not be used to fund grants to other organizations (if applicable)

## About Your Organization

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Operating at: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Society Registration Number: \_\_\_\_\_ Year Registered: \_\_\_\_\_

Charity Registration Number: \_\_\_\_\_ Year Registered: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Fiscal year end: \_\_\_\_\_/\_\_\_\_\_  
(day) (month)

List any other geographic areas in which your organization operates:\_\_\_\_\_

## Your Organization's Personnel

### 1) Organization Executive and Staff:

President: \_\_\_\_\_

Telephone: \_\_\_\_\_

Secretary/Treasurer:\_\_\_\_\_

Telephone:\_\_\_\_\_

**Board Members:**

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2) List the staff or volunteer positions involved in carrying out the project:

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## Your Organization's Objectives and Services

1) Describe your organization's mission statement and how your services meet them:

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## Your Proposed Program Budget

1) Please list all expenses and sources of project revenue, including "in-kind" contributions from your (or any other) organization.

A. Income	Last Fiscal Year (If program was in existence)	This Fiscal Year (Proposed program budget)
Town of View Royal		
Fees or Membership Dues		
Government Revenue (specify below)		
Interest income		
Bingo revenues		
Direct access revenues		
Fundraising projects		
Other Revenue (specify below)		
<b>TOTAL INCOME</b>		

<b>B. Expenses</b>		
Administration		
Wages/Honouraria/Benefits		
Supplies and Equipment		
Major Capital Costs		
Mortgage/Rent/Utilities		
Fees (licensing, etc.)		
Insurance		
Advertising/Printing/etc.		
Other (specify below)		
<b>TOTAL EXPENSES</b>		

**Details of Your Organization’s Grant Request**

1) Nature and goals of the project, program or event:

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2) Summary of direct and indirect benefits to the Town of View Royal:

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### **Conditions of Funding**

1. The applicant must acknowledge the support of the Town in all printed and publicity material related to the project, event, or program;
2. Funds must be used for the purpose for which they were requested. Any funds not used for the requested purpose must be returned to the Town.
3. Funds will be released as follows:
  - a. Grants in aid provided for annual programs will be released at 100% at time of approval by Council;
  - b. Grants in aid provided for special projects or events will be released at 50% at time of approval by Council and 50% after receipt of the final report;
  - c. Conditional grants in aid will be paid 100% upon satisfactory proof that the conditions, as set by Council, have been met.
4. Organizations receiving grants from the Town shall provide an accounting of the project or program for which the grant was approved as follows:
  - a. Where the grant in aid was for a specific project or event the applicant must submit a final report within 45 days after the project or event is complete.
  - b. Where the grant in aid was in support of an annual program, the applicant must submit a final report within 60 days of the end of the organization's fiscal year.
5. An final report must include the following information:
  - i. Evaluation of the project, event, or program;
  - ii. Financial statement of actual revenue and expenses for the project, event or program;
  - iii. Attendance figures, if applicable;
  - iv. Number of participants in the project, event, or program; and
  - v. Evaluation of the direct and indirect benefits to the Town.
6. In the event that the project or program is not completed, the grant recipient organization must notify the Town as soon as practical and refund any grant funds that have been provided for that project.

### ***Your Directors' Declaration***

We, the undersigned, do hereby certify that this application and all appended forms and/or documents contain a full and accurate account of all matters stated:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Please submit your completed application to:**

**Town of View Royal**

**45 View Royal Ave**

**Victoria, BC V9B 1A6**

**[www.viewroyal.ca](http://www.viewroyal.ca)**

**Fax 250-727-9551 email: [finance@viewroyal.ca](mailto:finance@viewroyal.ca)**