



PEACE RIVER REGIONAL DISTRICT

Recreation and Cultural Grants-in-Aid Schedule "A" - Application

Date: _____

Society Number: _____

APPLICANT INFORMATION

1) Name of Organization: _____

2) Contact Person: _____

Position: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Please list our organization on the PRRD website as a "Local Community Group" Yes No *(please check one)*

3) Purpose of Your Organization: _____

4) If applicable, does your organization own any facilities or properties? Yes No *(please check one)*

Please give the 9-1-1 address and legal description of the property that your organization either leases or owns.

5) Executives of Your Organization:

President/Chair

Name: _____ Phone: _____ Email: _____

Vice President/Vice Chair

Name: _____ Phone: _____ Email: _____

Treasurer

Name: _____ Phone: _____ Email: _____

Secretary

Name: _____ Phone: _____ Email: _____



- 11) How many people will use your facility/program in the next year?

- 12) What is the degree of support from the community at large?

- 13) Describe your anticipated voluntary support and donations of labour, materials and/or funds you hope to receive or have received for your project:

- 14) Approximately how many volunteer hours does your membership contribute each year?

- 15) If there are continuing costs to operate or maintain your project, how do you plan to meet these costs in the future?

16) TOTAL funds requested from the Regional District:

- 17) What is the total cost of insurance(s) your organization pays each year?

INCLUDED THE FOLLOWING ATTACHMENTS WITH YOUR APPLICATION

- a) Year-end financial statements - income statement and balance sheet.
- b) Detailed project and/or operations budget.
- c) 3 quotes for labour, equipment or material costs valued at over \$3,000
- d) Annual Report(s)

Signature of Applicant

Phone