



Date:

Organization Information

To request grant funds all applicants must be a registered, not-for-profit society in good standing with the *Societies Act of BC*.

1. Name:

Society #:

Address:

Mailing Address:

(if different than above)

City:

Postal Code:

Contact Person:

Phone:

Email:

Grant Request Information

Grant funding is intended to assist eligible applicants that support and/or provide services, programs or projects that enhance the quality and availability of various health-related services in the region.

2. Grant funds must support services, programs or projects that support one or more of the following categories. Check all that apply.

Air Ambulance Services - must have an agreement with BC Ambulance.

Accommodation Services intended for patients and family members who are receiving health care services.

Recruitment and Retention Services intended to attract and retain health care professions to work and remain in the PRRD.

Other Health Related Services that demonstratively and directly enhance the quality and availability of health care in the PRRD. Provide full details of the service below:

3. Grant funds must support services, programs or projects that are regional in scope. Which areas of the PRRD does this request provide benefit to? Check all that apply.

- Electoral Area B
- Electoral Area C
- Electoral Area D
- Electoral Area E

- City of Dawson Creek
- City of Fort St. John
- District of Chetwynd
- District of Hudson's Hope

- District of Taylor
- District of Tumbler Ridge
- Village of Pouce Coupe



4. Please provide a description of the service, program or project for which you are applying for grant funding. Explain how it benefits the region, enhances the delivery of new or existing health related services, and supports the recruitment and/or retention of health related services, programs or projects.

5. What is the duration of the service, program or project?

Start Date:

End Date:

6. Is this service, program or project part of your core operations? Yes No

7. Is the service, program or project already provided in the community by another organization?

Yes

No

If yes, explain how they compliment each other to support community need?



Application Authorization

I confirm that the information in this application is accurate and complete and that the project proposal, including plans and budgets, is fairly presented.

I understand that if my application is successful, I will be required to provide a summary report that includes annual financial statements, a description of how funds were spent, and the outcomes achieved to the Regional District by **December 31** for each year grant funds are received.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I understand that the information provided in this application may be shared with the Board of Directors, Committee(s), Regional District staff and consultants.

Application Submission

Please submit all grant applications and attachments by email to prrd.dc@prrd.bc.ca on or before **December 31**. The following attachments must be included with your application:

1. Project budget, including all sources of funding
2. Current financial statements showing expenses, revenues & savings
3. Air Ambulance applicant must also include:
 - 1 Minutes of the last Annual General Meeting
 - 1 Annual Report detailing prior year Air Ambulance activities

Applicant Signature: