Schedule 'A' to Grants of Assistance Policy

Town of Gibsons Application for Grants of Assistance

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Freedom of Information and Protection of Privacy Act
The personal information collected on this form is done so pursuant to the <u>Community Charter</u> and/or the <u>Local Government Act</u> and in accordance with the <u>Freedom of Information and Protection of Privacy Act.</u> The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose. The Town considers this information to be public and it will be considered at meetings of the public and is available for public inspection. Further information may be obtained by speaking with the Town's Director of Corporate Services at 604-886-2274 or 474 South Fletcher Road, Gibsons.

Application Details:

Date: _____ **Date Received:** _____

Name of Applicant or Sponsoring Organization:

_____

Address:_____

Phone No: _____ **Fax No:**_____ **Email:** _____

Type of Assistance Requested:

Community service/program ☐   OR   Community event or activity ☐

Budget: $

Grant Amount*: $ _____   In-Kind Assistance Requested: _____

*Note: Council Policy limits individual grant awards to 10% of the annual Grants of Assistance budget.

Describe your organization, its mandate, program(s) and membership:

_____

_____

_____

_____

Describe the project or program that you are applying for assistance for:

Project Title: _____

Project Description: _____

_____

_____

_____

Purpose of the Project:_____

_____

_____

_____

The names, phone numbers and emails of key contacts administering the event:

_____   _____

_____   _____

_____   _____

Dates and Location of the Project: _____

_____

_____

Describe how the project will benefit the Town of Gibsons: _____

_____

_____

_____

_____

Financial Information:
Please include copy of a current budget or complete the budget statement, Appendix 1, attached to this application form.

Applications for Assistance over $1,000.00 are required to provide the following additional information:

- Financial Statement for last calendar or fiscal year of operations
- Business Plan or statement of objectives

If this information is not available please provide a brief statement as to why:

_____

_____

_____

List source(s) of any other assistance received or applied for in relation to this project/program and the amount:

1._____
2._____
3._____
4._____
5._____

Submission check List

- ☐ Prior years financial statement
- ☐ Budget for the current year
- ☐ Business plan
- ☐ Proof of incorporation (if applicable)

Signature(s) and Conditions:

We certify that to the best of our knowledge the information provided in this Town of Gibsons Application for Assistance is accurate and complete and is endorsed by the organization that we represent. If this application is approved, we agree to the conditions set out below and to any other conditions approved by Council and appended hereto.

Signature:_____ Title: _____ Date: _____

Signature:_____ Title: _____ Date: _____
(two authorized signatures are required for organizations or registered non- profit groups)

Additional Conditions:

1. In the event that the assistance is not used or is no longer required for the project that it was intended and described in this application, the Town will be notified immediately and any remaining funds will be returned to the Director of Finance.
2. The applicant will keep proper books of accounts of all receipts and expenditures relating to the project or program and will make these records available to the Town of Gibsons for inspection if requested.
3. The applicant acknowledges that an audited statement for the project or program may be required.
4. The applicant agrees to provide a report within 90 days of the completion of the project detailing the results of the project and its economic benefits, if any, to the Town of Gibsons.
5. The project or program may not be represented as a program of the Town of Gibsons and the applicant does not have authority to represent itself as an agency of the Town of Gibsons in any way.
6. The Town of Gibsons may be acknowledged as a sponsor in any program publications or marketing.

Comments by the Director of Finance:

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_____

_____

_____

_____

_____

BUDGET

Please give details of revenue and expenditure projections. Indicate which revenue is secure and which is speculative.

REVENUE (Please State Source)		EXPENDITURE (Please Itemize)	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SECURE			
Sub-Total			
SPECULATIVE			
Sub-Total			
TOTAL		TOTAL	

Authorized Signature: _____ Date:_____