

CORPORATION OF THE TOWNSHIP OF ESQUIMALT

LOCAL GRANT APPLICATION

For Year: _____

Name of Organization: _____

Address of Organization: _____

Phone: _____ Fax: _____ email: _____

Contact Person: _____

Position(s) with Organization: _____ Phone: _____

Amount Requested: \$ _____ Total Project Budget: \$ _____

Have you applied before? _____ When? _____ Grant Received: \$ _____

If yes, have you submitted a final report for previous year funding? Yes [] No []
(note: report must be submitted to receive consideration for further funding)

Fiscal year of organization: From _____ To _____

Are you currently receiving benefit from a Property Tax Exemption from the Township of Esquimalt? Yes [] No []

Incorporation number and date of incorporation: _____

Registered Canadian Charitable Organization number: _____
(Applicants must be not-for-profit organizations or be otherwise publicly accountable)

Is your organization based in Esquimalt? Yes [] No []

Is the project for which you are requesting funding based in Esquimalt? Yes [] No []

If yes, please provide the location/address: _____

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

Describe the project for which funds are being sought. Please indicate why you think it should receive municipal funding. Feel free to use additional sheets of paper.

Project Description: _____

Purpose of this project: _____

The names of those involved in carrying out the project: _____

Date and Place of Project: _____

Benefit to Esquimalt: _____

PROJECT BUDGET

Please give details on revenue and expenditure projections. Indicate which revenue is secure and which is speculative. (note: Expenditures must NOT exceed Revenues)

REVENUE (Please state source)		EXPENDITURE (Please itemize)	
Description	Amount	Description	Amount
SECURE			
Subtotal			
SPECULATIVE			
Subtotal			
TOTAL		TOTAL	

Authorized Signature: _____ Date: _____

Please enclose your last annual report and financial statements, if applicable. Include any supporting material that would assist the Corporate Administrator in assessing your project.

Please mail or fax this application to:

Department of Financial Services
 Corporation of the Township of Esquimalt
 1229 Esquimalt Road
 Esquimalt, BC
 V9A 3P1
 Phone: 414-7142
 Fax: 414-7111