

CORPORATION OF THE TOWNSHIP OF ESQUIMALT

**LOCAL GRANT
APPLICATION**

Name of Organization: _____

Address of Organization: _____

Phone: _____ Fax: _____ e-mail: _____

Contact Person: _____

Position(s) with Organization: _____ Phone: _____

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

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

Have you submitted a final report? Yes No

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)

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: _____

BUDGET

Please give details on 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			
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:

Corporate Administrator
 Corporation of the Township of Esquimalt
 1229 Esquimalt Road
 Esquimalt, BC
 V9A 3P1
 Phone: 414-7100
 Fax: 414-7111

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