

**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. What other sources of funding are being pursued? Please indicate why you think it should receive municipal funding. Feel free to use additional sheets of paper.

Project Description (including date and location): \_\_\_\_\_

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Purpose of this project: \_\_\_\_\_

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The names of those involved in carrying out the project: \_\_\_\_\_

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Green Event Initiatives: \_\_\_\_\_

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Benefit to Esquimalt: \_\_\_\_\_

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**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)

<b>REVENUE</b> (Please state source)		<b>EXPENDITURE</b> (Please itemize)	
Description	Amount	Description	Amount
<b>SECURE</b>			
Subtotal			
<b>SPECULATIVE</b>			
Subtotal			
<b>TOTAL</b>		<b>TOTAL</b>	

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please mail or fax this application to:

Director of Financial Services  
 Corporation of the Township of Esquimalt  
 1229 Esquimalt Road  
 Esquimalt, BC  
 V9A 3P1

Phone: 414-7141  
 Fax: 414-7111