

**CENTRAL COAST REGIONAL DISTRICT
POLICIES**

F-17 APPLICATION FOR GRANT-IN-AID FUNDS – APPENDIX B

Name of Organization: _____
 Name of Contact Person: _____ Position: _____
 Mailing Address: _____
 Phone #: _____ Email: _____
 Are you a: (Yes/No) Society _____ Charity _____ Corporation/Company _____ Other _____
 Registration Date: _____ Registration # _____
 (Note: Registration date and number are only required if the application is for more than \$500.)

Proposed use of funds (select one):

- Operational Funding (not to exceed 50% of annual operating budget)
- Capital Expenditure
- Events – recurring
- Events – one-time

Source Name	Cash requested from CCRD	Your in-kind (\$ value) contributed	Confirmed		% of Total initiative
			Cash	In-Kind	
Your organization					
CCRD					
Total					100%

Has your organization received CCRD Grant-in-Aid funding support in the past 3 years? (Y / N)
 If yes, please list the project/initiative title, year, and amount received below.

Are CCRD Grant-in-Aid funds being used to leverage other funding applications? (Y / N)
 Are you aware of other foundations, funding organizations, or government programs that align with your organizations mandate, mission, and objectives? _____
 Identify the Electoral Area(s) that directly benefit from your application _____

 Date Signature

 (Please print name) Position

Please submit applications to:
 Administrative Assistant
 Central Coast Regional District
 PO Box 186
 626 Cliff Street
 Bella Coola, BC V0T1C0
 info@ccrd.ca