



Community Grants Application Form

Before completing this form, please refer to the City of Dawson Creek's Community Grant guidelines.

CONTACT INFORMATION

Name of Organization: _____

**CRA – Charitable
Registration Number
(if applicable):** _____

Address: _____

Contact Person: _____

Phone Number: _____

**Email Address
(optional):** _____

AID REQUESTED (Check One)

- | | | |
|--------------------------------------------|---------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Financial Support | <input type="checkbox"/> Rental Facility Discount | Amount (Cash Grant only): |
| | <input type="checkbox"/> In-Kind | \$ _____ |

ENCLOSURES (Mandatory)	YES	NO
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A) Financial Statement for current year or most recent fiscal year end. If not available, please include your organization's last Income Tax Return.**	<input type="checkbox"/>	<input type="checkbox"/>
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If NO, state the reason and earliest available date:

B) Detailed budget for the upcoming year's operation or for the project the aid is being requested to fund.	<input type="checkbox"/>	<input type="checkbox"/>
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If NO, state the reason and earliest available date:

****Application will not be considered if it does not contain Financial Statements or last Income Tax Return, and the projected budget for the upcoming year or for the project the aid is being requested to fund.**

REQUEST DETAILS

Describe in detail the proposed project and the intended use of the City of Dawson Creek's assistance. Please provide the start and end dates.

[Empty rectangular box for project description]

List all grants or other requests submitted to other organizations and the outcome, if known.

Organization: _____ Amount \$: _____

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Organization: _____ Amount \$: _____

List the benefits provided to the City of Dawson Creek from this project and how it fits into Council's Vision, Mission & Guiding Principles.



Intake Deadline

Two months prior to the event.
Applications will be reviewed by the Finance Department and will be considered by Council on a quarterly basis.
Please contact the Finance Department for upcoming deadlines.

Statement of Understanding

- I certify that the information contained herein is correct to the best of my knowledge and belief. I understand **this application including any enclosures submitted is public information.** I authorize reproduction of any plans/reports for the purposes of application processing and reporting.

Applicant Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

***Applicant must be a signatory for the Organization.*

Submit Application to:

**Finance Department
City of Dawson Creek
PO Box 150
Dawson Creek, BC V1G 4G4**

**Phone: 250-784-3600
Email: matkinson@dawsoncreek.ca**