

VERMILLION FORKS COMMUNITY FOREST CORPORATION (VFCFC) GRANT APPLICATION FORM –AREA 'H' ONLY

PLEASE READ THE ELECTORAL AREA COMMUNITY GRANTS GUIDELINES PRIOR TO SUBMITTING APPLICATION

| NAME OF ORGANIZATION | | AMOUNT REQUESTED |
|----------------------|----------------------|------------------|
| MAILING ADDRESS | | |
| POSTAL CODE | CONTACT PERSON (NAME | EAND TITLE) |
| TELEPHONE NUMBER | EMAIL ADDRESS | |

INFORMATION REGARDING THE APPLICANT ORGANIZATION:

| IS YOUR ORGANIATION A REGISTERED NOT | FOR PROFIT SOCIETY IN BC? | YES | NO |
|---|---------------------------|-----------------|--------------------|
| IF "YES" PROVIDE REGISTERED SOCIETY NUM | /IBER | | |
| IF "NO" PROVIDE PROOF OF BANK ACCOUNT | T IN ORGANIZATION'S NAME | (as an attachme | nt to application) |
| HAS YOUR ORGANIZATION RECEIVED FUND | NG FROM VFCFC BEFORE? YE | S | NO |
| IF "YES"; WHEN | _AND AMOUNT RECEIVED: \$ | | |

DETAILS OF GRANT REQUEST

Please provide the following information in a brief narrative in the following order. (maximum 2 pages)

1. Project/Program Abstract

Brief summary of the proposed project/program including:

Total estimated costs;

The amount requested from the VFCFC and how the funds will be used;

Other principal sources of support. Note – preference will be given to projects able to demonstrate funding support from other sources;

2. Project/Program Description

Specify how the project impacts the residents/communities in Electoral Area 'H' Specify project/program outcomes that you plan to achieve. Who and how many will be served and why are you serving them? Why would they use your particular services? What geographic area does this project/program target? How will you reach the population you plan to serve? What strategies will be used to achieve the proposed outcomes? How will you know if you have achieved the outcomes proposed?

3. Funding Considerations

Describe plans for obtaining other funding needed to carry out the project/program, including amounts requested of other funders and any volunteer labour and/or in-kind donations. If the project/program is expected to continue beyond the grant period describe plans for ensuring continued funding after the grant period.

CHECKLIST - DOCUMENTS TO SUBMIT WITH YOUR APPLICATION

Copy of Project Budget – A detailed budget (see attached template) including costs, revenues and fees charged. Where possible please provide copies of cost estimates obtained

_____ Details of your Organization's structure (include Directors names and Phone numbers)

For Community Organizations without a Registered Society number, proof of bank account in Organizations name

_ Copy of Organization minutes indicating Committee/Board approval of proposed project

Please ensure you have answered all sections of this form and provided all the requested documents.

Please note a 10% holdback of funding may be applied. Holdbacks will be released when final reporting requirements are met

| SIGNATURE | DATE |
|---------------------|-------|
| NAME (PLEASE PRINT) | TITLE |

SUBMIT TO:

Regional District of Okanagan Simlkameen 101 Martin Street Penticton, BC V2A 5J9 Email: <u>info@rdos.bc.ca</u> Attention: Finance Manager

FOR OFFICE USE ONLY

| AMOUNT OF GRANT REQUESTED | \$ |
|---|----|
| AMOUNT OF GRANT APPROVED (enter 0 if grant is denied) | \$ |
| ELECTORAL AREA "H" DIRECTOR SIGNATURE | |

| VERMILLION FORKS COMMUNITY FOREST CORPORATION GRANT BUDGET TEMPLATE | | | |
|---|------|----|---|
| | | | |
| Organization Name: | | | |
| For period | From | to | • |
| | | | |
| REVENUE | | | |
| Grants (provide Names of grantors) | | | |
| from Government | | | |
| from Foundations | | | |
| from Corporations | | | |
| Earned Income (ie interest) | | | |
| Individual contributions. | | | |
| Fundraising events and product sales. | | | |
| Membership income | | | |
| Additional revenue (please specify) | | | |
| | | | |
| | | | |
| | | | |
| TOTAL INCOME | | | |
| | | | |
| | | | |
| EXPENSES | | | |
| Salaries and wages | | | |
| Consultant and professional fees (e.g. accounting, | | | |
| legal, etc.) | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Advertising and printing | | | |
| Rent | | | |
| Utilities (ie electric, gas, telephone, cable) | | | |
| Other expenses (please specify) | | | |
| | | | |
| | | | |
| TOTAL EXPENSES | | | |
| | | | |
| | | | |
| IN KIND SUPPORT (PLEASE PROVIDE DETAILS) | | | |
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