

The Corporation of the District of Saanich
COMMUNITY GRANTS PROGRAM

**COMMUNITY SERVICE PROVIDER GRANT
INFORMATION FORM**

What grant(s) are you applying for:

Community Service Provider Grants:	
<input type="checkbox"/> Community Association Operating Grant	<input type="checkbox"/> Annual Liability Insurance Grant* (*proof of payment required)

Organization Information

Organization Name:

Permanent Mailing Address:

City:

Postal Code:

Email:

Fax Number:

Contact Person (Name):

Phone Number:

Have you applied for funding
from other sources?

If yes, from whom? And for how
much?

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria, BC, V8X 2W7, phone: 250-475-1775, email: fo@saanich.ca.

Population area for your community association:

Less than 10,000 residents
(annual operating grant of up to \$1,100)

More than 10,000 residents
(annual operating grant of up to \$1,650)

Signature: _____ Date: _____

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FINANCIAL STATEMENT FORM

*The Financial Statement Form is not required if you are providing your own financial documents.
 Please complete for the previous year.*

Organization: _____

Period ending date: _____

REVENUE:
Advertising
Bank Interest
Donations
Membership
Grant: _____
Grant: _____
Other (please list) _____
Other _____
Other _____
Other _____
TOTAL REVENUE: (A)

EXPENSES:
Advertising
Bank Charges
Stationery
Photocopying
Other (please list) _____
Other _____
Other _____
Other _____
Other _____
TOTAL EXPENSES: (B)
Revenue (A) less Expenses (B):

ANNUAL BANK BALANCE:
Balance as of beginning of the year
+ Revenue
- Expenses
Balance at end of fiscal year
Total committed funds
Uncommitted bank balance

Signature: _____

Date: _____