

The Corporation of the District of Saanich
COMMUNITY GRANTS PROGRAM

STRATEGIC PRIORITIES GRANT APPLICATION FORM

Deadline for submission: on or before February 1st, 4:30 pm (PST)

Please check which action or objective in Saanich's Strategic Plan your activity and/or project will help to advance:	
Climate Action & Environmental Leadership	Transportation
Community Well Being	Economic Development
Housing	

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: foi@saanich.ca.

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COMMUNITY GRANTS PROGRAM

Funding Request

Amount of grant request:

Written summary of request, organization information, service provided and benefit to Saanich; or description of project, activity, or event (include date, time, and location) (**Maximum 1000 words**):

The Corporation of the District of Saanich
COMMUNITY GRANTS PROGRAM

Description of how funds will be used and time frame to complete (**Maximum 1000 words**):

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COMMUNITY GRANTS PROGRAM

Description of how the funds will advance actions and objectives in Saanich's Strategic Plan (**Maximum 1000 words**):

Signature: _____ Date: _____

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COMMUNITY GRANTS PROGRAM

FINANCIAL STATEMENT FORM

The Financial Statement Form is not required if you are providing your own financial documents.

Organization: _____

Period ending date: _____

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

EXPENSES:	Amount
Advertising	
Bank Charges	
Office Supplies	
Insurance	
Other: (please list)	
Other:	
Other:	
Other:	
Other:	
TOTAL EXPENSES: (B)	
Revenue (A) Less Expenses (B)	

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

The Corporation of the District of Saanich
COMMUNITY GRANTS PROGRAM

PROJECT BUDGET STATEMENT FORM

The Project Budget Statement Form is not required if you are providing your own budget documents.

Organization: _____

PROJECT EXPENSES (list)

Estimate Costs and out-of-pocket expenses of your project.

ITEM	DESCRIPTION/DETAILS	PRICE/COST	SUBTOTAL
TOTAL PROJECT COST:			

SUMMARY REPORT

Yes	Did your organization receive a grant in the previous year?	Yes	Is the one- page summary report on achievement of previous year's program/ project goals is attached?
No		N/A	

Signature: _____

Date: _____