

The Corporation of the District of Saanich  
COMMUNITY GRANTS PROGRAM

**COMMUNITY BUILDING GRANT APPLICATION FORM**

*Deadline for submission: on or before February 1<sup>st</sup>, 4:30 pm (PST)*

**What grant are you applying for:**

<b>Community Building Grants:</b>	
<input type="checkbox"/> <b>Community Events Grant</b>	<input type="checkbox"/> <b>Community Well-Being and Place-making Projects Grant</b>

**Organization Information:**

Organization Name:

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Permanent Mailing Address:

City:

Postal Code:

Email:

Phone Number:

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Contact Person (Name):

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](mailto: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**):

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COMMUNITY GRANTS PROGRAM

Description of how funds will be used and time frame to complete: **(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:	
<b>TOTAL REVENUE: (A)</b>	

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

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

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**PROJECT BUDGET STATEMENT FORM**  
*(Required for Community Building Grants)*

Organization: \_\_\_\_\_

**A) PROJECT EXPENSES (list)**

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

ITEM	DESCRIPTION/DETAILS	PRICE/COST	SUBTOTAL
<b>TOTAL PROJECT COST:</b>			

**Matching Contributions:**

It is important to document the contributions of those involved (matching contributions). This will help to assess how much grant funding the project may be eligible to receive. Contributions can be cash and/or in-kind (volunteer time or labour, donated supplies and materials, donated professional services).

**B) MATCHING CONTRIBUTIONS (list)**

*Total value of the matched contribution must be at least 75% of total project cost.*

ITEM	DESCRIPTION/DETAILS	PRICE/COST	SUBTOTAL
<b>TOTAL CONTRIBUTION:</b>			

**SUMMARY REPORT:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_