

The Corporation of the District of Saanich  
COMMUNITY GRANTS PROGRAM

**COMMUNITY SERVICE PROVIDER GRANT  
INFORMATION FORM**

**What grant(s) are you applying for:**

<b>Community Service Provider Grants:</b>	
Community Association Operating Grant	Annual Liability Insurance Grant* (*proof of payment required)

**Organization Information**

Organization Name:

Permanent Mailing Address:

City:

Postal Code:

Email:

Phone Number:

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: 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.*

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

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

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