



GRANT IN AID APPLICATION FORM

Type 3: Miscellaneous Operating Grant funding to Organizations

1.	NAME OF ORGANIZATION:		
2.	MAILING ADDRESS:		
3.	TELEPHONE:	4.	EMAIL:
4.	CONTACT PERSON:		
	MAILING ADDRESS OF CONTACT PERSON (IF DIFFERENT THAN ABOVE)		
	TELEPHONE:		FAX:
5.	THE OPERATIONS OF YOUR GROUP FALL UNDER WHICH OF THE FOLLOWING CATEGORIES: 1. Tourism <input type="checkbox"/> 2. Economic Development <input type="checkbox"/> 3. Youth <input type="checkbox"/> 4. Seniors <input type="checkbox"/> 5. Recreation <input type="checkbox"/> 6. Arts & Culture <input type="checkbox"/> 7. Social <input type="checkbox"/> 8. Community Service <input type="checkbox"/> 9. 2010 Olympics <input type="checkbox"/>		
6.	Amount of Operating Grant requested from the Town: \$ _____		
7.	Grants received by your organization in the past from the Town: Last year \$ _____ Other years _____		
8.	Is this organization registered as a Provincial Society? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: date of the last annual report filed with the Province: _____ (please attach a copy of the most recent annual report filed) If not a Registered Society, is this a recognized local organization? Yes <input type="checkbox"/> No <input type="checkbox"/>		

TOWN OF SMITHERS

GRANT IN AID APPLICATION FORM

Type 3: Miscellaneous Operating Grant Funding to Other Organizations

9.	Is your Organization registered as a Federal Charity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Registration Number: _____ Date of Registration: _____
10.	How many employees does your Society/Charity employ? _____
11.	Are volunteers used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____
12.	Memberships: a) Indicate total number of members in organization: _____ Of this total number of members, how many have paid memberships? _____ b) Annual membership fee per family or person: \$ _____ If you have varying fee structures please list below or attach fee structure sheet.
13.	Please provide the following information in point form (additional sheets can be used) a) The start-up date of organization b) A summary of the organization's Goals and Objectives; c) A brief history of the organization.

TOWN OF SMITHERS

GRANT IN AID APPLICATION FORM

Type 3: Miscellaneous Operating Grant Funding to Other Organizations

14.	<p>Describe how your organization is of direct benefit to Smithers in terms of providing services, infrastructure and/or facilities to the community:</p>
15.	<p>Does your group benefit a broad range of residents or a specific group?</p> <p>Broad range of residents <input type="checkbox"/></p> <p>Specific Group (please specify the group(s) below) <input type="checkbox"/></p> <p>If your group benefits a broad range of residents please provide an estimated number of residents this grant will benefit in the following categories:</p> <ul style="list-style-type: none"> • Municipal Residents (within the Smithers municipal boundaries) _____ • Rural Residents (surrounding rural area)_____ • Other Communities _____ (Please list the other communities affected below)
16.	<p>Is the service provided by your group currently provided in Smithers by other organizations?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", list names and locations and describe how your organization coordinates with organizations providing similar services (i.e. informal networking, formal referral, service meetings, etc.)</p>

TOWN OF SMITHERS

GRANT IN AID APPLICATION FORM

Type 3: Miscellaneous Operating Grant Funding to Other Organizations

17. One of the criteria of obtaining an operating grant is that you must have a minimum of 50% matching operating funds raised through fundraising or other grants.

Please list your matching fundraising/grants that you expect to have in place next year to match the council grant funds:

ACTIVITY	ANTICIPATED DOLLARS RAISED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total amount (to equal or exceed the Amount of Town grant requested) \$ _____

18. FINANCIAL INFORMATION:

Fiscal Year End of your organization: _____

Have the most recent annual financial statements been

1. Approved by the executive or board? Yes ☐ No ☐

2. Audited? Yes ☐ No ☐

You must attached the following to your application:

a) Most recently approved financial statements

Balance Sheet (Financial Position) Attached Yes ☐ No ☐

Income Statement (Revenue and Expenditures) Attached Yes ☐ No ☐

b) Year to date Internally Prepared Revenue and Expenditure Statements:

Attached Yes ☐ No ☐

c) Next Year's Operating Budget Attached Yes ☐ No ☐

(must show all expected sources of revenue as well as anticipated expenses)

If any the above are not attached please explain why not:

**TOWN OF SMITHERS OPERATING
GRANT IN AID
APPLICATION**

COMMITMENT LETTER
(to be completed by all applicants)

TO: Mayor and Council

FROM: _____

RE: Receipt of Financial Assistance from the Town of Smithers

The Applicant undertakes the following:

- a) The funds received from the Town of Smithers are to be expended only for the purpose indicated on the application form submitted to the Mayor and Council and for which funds were approved, and
- b) The funds will be expended for this purpose by the end of the current year (by December 31st).

DATED _____

.....
Authorized Signatory: Name & Title

.....
Authorized Signatory: Name & Title

Attachments:

- 1. Covering Letter
- 2. Copies of the most recent financial statements
- 3. Operating budget for the following year
- 4. Other Information: