2013-D2Program Grant[[1]](#footnote-1) Application Form

Please submit separate application forms for each program for which a grant is requested.

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| Application Summary | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Title of Program you are requesting funding for: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount Requested: | | | | DNV | | $ | | | | | | | | CNV | | | $ | | | | DWV | | | $ | |
| Is this a new program? | | | | | Y |  | | N | | |  | | |  | | | | | | | | | | | |
| Brief summary of program: (maximum 150 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | How many individuals did this program serve *directly* last year? | | | | | | | | How much municipal grant money was received for this program last year? | | | | | | | | | | How much municipal grant money was applied for last year for this program? | | | | | |
| DNV | |  | | | | | | | |  | | | | | | | | | |  | | | | | |
| CNV | |  | | | | | | | |  | | | | | | | | | |  | | | | | |
| DWV | |  | | | | | | | |  | | | | | | | | | |  | | | | | |
| e.g. You may *directly* serve a single mother, her children may benefit *indirectly*. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Proposal | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will the program funding be spent? (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Who are your primary and secondary target groups for this program? (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Have you formed any partnerships for this program? If yes: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner Organization & Contact Name | | | | | | | | | | | | | | | | Nature of partnership | | | | | | | | | |
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| If no partnerships, why? (Maximum 50 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. If you applied for and received funding for this program last year, what were the specific outcomes of that program? Please provide quantitative and qualitative information. (Maximum 150 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Please identify the specific criteria you will use to evaluate your program’s results and how you will measure success (Maximum 150 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Please describe any changes you have made to your program over the past year. (Maximum 150 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. If you did not receive the amount of money requested last year, what was the impact to the program? (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. If this is a new program, what impact will it have on the program if full funding is not received? (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Program Proposal | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate program start and end dates or fiscal start date as appropriate: | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | **Is Funding Confirmed?** | | | | | | | |
| **Revenue** | | | | | | | | | **Amount** | | | | | | | | | **Yes** | | | | | **No** | | |
| **Municipal Grants** | | | | | | | | | | | | | | | | | | | | | | | | | |
| District of North Vancouver | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
| City of North Vancouver | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
| District of West Vancouver | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
| **Additional revenue sources** (e.g. Gaming, Donations, Provincial, Federal) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | $ | | | | | | | | |  | | | | |  | | |
| **In-kind Sources** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Total Income** | | | | | | | | | **$** | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Expenses** | | | | | | | | | | | | | | | | | | | | | | | **Amount $** | | |
| Salaries, benefits, mandatory employment related costs | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Contract fees | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Other costs (please specify): | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Total Program Expenses** | | | | | | | | | | | | | | | | | | | | | | | **$** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check the appropriate box if you have received a Permissive Tax Exemption and indicate amount: | | | | | | | | | | | | | | | | | | | | | | | | | |
| DNV: |  | | $ | | | | CNV: | | | | |  | | | $ | | | | DWV: | | |  | | | $ |

Conditions of Funding

Please refer to the North Shore Municipal Community Grant Guidelines for all conditions of funding. Note that unused funds provided by the municipalities described in the application form must be returned. If the application form contains misrepresentations, the full amount of the grant may be repayable to the municipality.

# Signatures

We certify that to the best of our knowledge the information provided in this North Shore Municipal Community Grant request is accurate and complete and is endorsed by the organization which we represent.

We certify that to the best of our knowledge, the organization which we represent is a society in good standing and is up-to-date with annual report filings.

If our organization receives a North Shore Municipal Community Grant we agree to the conditions set out above and to any other conditions approved by Council.

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| --- | --- | --- |
|  |  |  |
| Executive Director - Signature |  | Date |
|  |  |  |
| Print Name |  |  |
|  |  |  |
|  |  |  |
| Board Chair or Signing Officer - Signature |  | Date |
|  |  |  |
| Print Name |  |  |

1. ***Program Grant*** – Refers to a specific project/program/service provided by an organization. [↑](#footnote-ref-1)