Operating Grant[[1]](#footnote-1) Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Summary | | | | | | | | | | | | | | | | | | | | | |
| Organization’s Name: | | | | |  | | | | | | | | | | | | | | | | |
| Amount Requested: | | | | DNV | |  | | | | | CNV | |  | | | | DWV | | |  | |
| Why is Operating funding needed? Identify specifically how this funding will be used.  (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | How many individuals did your organization serve *directly* last year? | | | | | | | How much municipal grant money was received last year? | | | | | | | How much municipal grant money was applied for last year? | | | | | |
| DNV | |  | | | | | | |  | | | | | | |  | | | | | |
| CNV | |  | | | | | | |  | | | | | | |  | | | | | |
| DWV | |  | | | | | | |  | | | | | | |  | | | | | |
| e.g. You may *directly* serve a single mother, her children may benefit *indirectly*. | | | | | | | | | | | | | | | | | | | | | |
| Explain how you calculate the number of clients directly served. (Maximum 50 words) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please identify the specific criteria you will use to evaluate your organization’s results and how you measure success. How does your organization evaluate the goals and objectives set out by your Board, i.e. strategic planning, outside accreditation, surveys, etc. (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Operating Budget | | | | | | | | | | | | | | | | | | | | | |
| For your Fiscal Year Commencing: | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | **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** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |  | | | | |  | | | |
|  | | | | | | | |  | | | | | |  | | | | |  | | | |
|  | | | | | | | |  | | | | | |  | | | | |  | | | |
| **Total Income** | | | | | | | | **$** | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Expenses** | | | | | | | | | | | | | | | | | | | **Amount $** | | | |
| Salaries, benefits, mandatory employment related costs | | | | | | | | | | | | | | | | | | |  | | | |
| Contract fees | | | | | | | | | | | | | | | | | | |  | | | |
| Other costs (please specify): | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | | | | | | | | | | | | |  | | | |
| **Total Operating Expenses** | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 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.

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

1. ***Operating Grant:*** for financial assistance for ongoing operating costs such as rent, utilities, fixed costs. [↑](#footnote-ref-1)