



**CITY OF PRINCE RUPERT**  
**Administration**  
424 3<sup>rd</sup> Avenue West  
Prince Rupert, BC, V8J 1L7  
**Phone:** (250) 627 0934 **Fax:** (250) 627 0999

## CITY OF PRINCE RUPERT COMMUNITY ENHANCEMENT GRANT APPLICATION FORM

Complete this application form and return the original to the Administration Department, Prince Rupert City Hall, 424 3<sup>rd</sup> Avenue West, Prince Rupert, BC V8J 1L7.

### 1. Identification of Applicant/Organization (must be completed):

Name of Applicant/Organization:	
Have the organization ever applied for a City Grant under any other name:	
Mailing Address: (Street, City, Postal Code)	Phone:
	Fax:
	Contact Person:
	Contact Phone:
	Email:

### 2. Please identify one or more categories in which your organization offers programs/services:

- Arts/Culture
- Community Programming + Spaces
- Events
- Recreation

### 3. If this is a first –time request, attach a history and objectives of the organization (use a separate sheet if necessary):

**4. Board of Directors – List names, positions and addresses of all the Board Members and Officers:**

**5. Grant Information:**

a.) Amount of City Grant Request: \$\_\_\_\_\_

b) Grant request is for: (check all applicable)

- Seed Grant
- Special Grants (i.e. projects, capital)
- Services in Kind
- Other

**6. Please describe how your organization will use this grant to strengthen and enhance the well-being of residents:**

**7. Please describe how your organization will use this grant to promote volunteering:**

**8. Please describe the existing community need for your program, service, or event.**

**9. Please describe how your organization will use this grant to improve the community's ability to identify needs and to implement self-help programs:**

**10. Please describe how your organization will use this grant to promote cultural, recreational and social understanding:**

**11. Please describe how your organization will ensure that its activities and opportunities for inclusion will be well publicized in the community:**

**12. Is this program/service accessible to the following demographics? (Check all that apply)**

- General public
- Seniors
- Youth
- People with disabilities

**13. Please provide an estimate of the number people who benefit from your Program, Event or Service on an annual basis:**

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**14. Name any other Prince Rupert organizations that you collaborate with to ensure the success of your project/program (use a separate sheet if necessary):**

**15. How will your organization measure and evaluate the community benefit of your project/program? Describe in detail (use a separate sheet if necessary):**

**Financial Overview of the Organization**

Please attach the following information:

- a) The Financial Statements for the most recently completed fiscal year, including an Income Statement and Balance Sheet; and,
- b) The current year fiscal budget including a projected statement of expenses and revenues.
- c) Any quotes for costs of services or materials to support your project budget.

**16. If the organization received a Grant in Aid last year, please detail specifically how the grant monies were spent. Please indicate if there was a surplus from the Grant money (use a separate sheet if necessary):**

**17. Itemize any form of subsidy or benefits from exemptions that your organization already receives from the City of Prince Rupert (ie use of a City Facility, subsidized rents, property tax relief, utility fees relief (water and/or sewer):**

**18. If your organization received grants from other sources last year, please list the sources and amounts received together with the specific details of what was accomplished with each of the grants (use a separate sheet if necessary):**

**19. Is your organization applying for funding from other sources this year? List sources and amounts requested (use a separate sheet if necessary). If you have received confirmed funding from other sources already, please attach letter of confirmation or award.**

**20.. Staffing**

How Many

Avg Hrs/Week

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Full – Time Employees:

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Part – Time Employees:

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Volunteers (excluding Board Members):

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**21. Do you have any other information you want to add in support of this application?**

I hereby confirm that the information included in this application is true and correct to the best of my knowledge.

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Signature of Applicant

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Print Name