

Name of Applicant/Organization:

Administration 424 3rd 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 3rd Avenue West, Prince Rupert, BC V8J 1L7.

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

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| | Board of Directors – List names, positions and addresses of all the Board Members and Officers: |
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| | Officers: |
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| 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: |
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| 7. | Please describe how your organization will use this grant to promote volunteering: |
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| 8. | Please describe the existing community need for your program, service, or event. |
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| 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: |
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| 10 | Please describe how your organization will use this grant to promote cultural, recreationa and social understanding: |
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| 11. | Please describe how your organization will ensure that its activities and opportunities for inclusion will be well publicized in the community: |
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| 12. | Is this program/service accessible to the following demographics? (Check all that apply) |
| | General public |
| | Seniors |
| | Youth People with disabilities |
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| 13. | Please provide an estimate of the number people who benefit from your Program, Event or Service on an annual basis: |
| 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): |
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| 15 | .How will your organization measure and evaluate the community benefit of your project/program? Describe in detail (use a separate sheet if necessary): | | | | | | |
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| Fir | nancial Overview of the Organization | | | | | | |
| PΙε | ease 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 Community Enhancement Grant 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): | | | | | | |
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| nization apply quested (use a n other source | separate she | et if necessa | ary). If you ha | ave received o | onfirmed |
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20. Staffing How Many Avg Hrs/Week Full – Time Employees: Part – Time Employees: Volunteers (excluding Board Members): 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.

Print Name

Signature of Applicant