



# GRANT IN AID APPLICATION

PLEASE READ APPLICATION PROCESS DOCUMENT BEFORE PRECEEDING

TYPE OF GRANT  
REQUESTED

## Contact Information

---

**Full Legal Organization Name**

**Street Address**

**City**

**Prov**

**Postal Code**

**Organization Website**

---

**Organization President /  
Executive Director**

**Title**

**Phone Number**

**E-Mail  
Address**

---

**Contact Person  
(if different)**

**Title**

**Phone Number**

**E-Mail  
Address**

# Organization Information

---

---

**Not for profit?**

Yes

Year Established

No

Registration Number

Address

---

**Total Organization Budget**

**Total # of Board  
Members**

**Total # of Staff**

**Total # of Volunteers**

---

**Organizational Mission  
Statements**

(350 characters or less)

**Brief Description of  
Organization**

(500 characters or less)

**Population Served**  
(200 characters or less,  
describe who will be served )

## Proposal Request

---

---

**Program / Project Name**

**Total Program Budget**

**Requested Grant Amount**

**Percent of Total Budget**

*(percentage of grant to actual complete budget, eg. \$1,000 grant would be 10% of a \$10,000 event*

---

**Type of Request**

**Grant Period From**

**Grant Period To**

**Multi-Year Event?** Yes  
No

## Description of Project or Event

Please don't hesitate to provide additional supporting documents that will provide further explanation of the event or organization.

---

### **Geographic Area Served**

**Please estimate the anticipated economic impact of the event or organization. (eg. spending, social impact, or environmental, hotel rooms, visitors & general tourism)**

**Priority funding areas  
of grant makers**

(indicate how your request fits  
within Council's strategic  
plan[s])

---

**Most recent grants received from the Village:**

Amount (1)

Date  
(1)

Amount (2)

Date  
(2)

Current Fundraising  
Initiatives:

Please explain how your event  
or organization will be self  
sufficient in the future:

Please provide a detailed budget for your event/operating year and also your organization's most recent Certified Financial Statements.

Applicants carrying budgetary surpluses must clearly explain their intended use of these funds. If a deficit exists, the applicant must demonstrate that a realistic deficit reduction/elimination plan is in place.

---

Declaration (Two Authorized Signatures Required)

- 1) On behalf of and with authority of the Organization, I certify that the information given on this grant application and attachments is true, correct and complete in every respect and if the Organization is awarded the grant, agrees to abide by the established grant terms and conditions.
- 2) The information provided in this grant application is subject to the Freedom of Information and Protection of Privacy Act. The Village cannot guarantee that any of the information provided by you will be treated as confidential if a request for access is made under the Act.
- 3) Neither the Village of Chase nor any Member of Council, individually or collectively, is in any way responsible for any deficits or cost over-runs in relation to any event or initiative.

Print Name of Board Chair or  
President

Signature:

---

Date:

Print Name of Person  
completing the application:

Signature:

---

Date:

---