



DISTRICT OF
UCLUELET

GRANT-IN-AID/IN-KIND CONTRIBUTION APPLICATION FORM

Name of Organization:		
Society Registration #:	Contact Person:	Contact Person Position:
Phone:	Fax:	E-mail:
Mailing Address:		

NOTE: Field space is limited. If you need more space, please attach in a separate document.

Organization Type:		
<input type="checkbox"/> Health/Social Services	<input type="checkbox"/> Tourism/Economic Development	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Sports & Recreation	<input type="checkbox"/> Other:
Purpose of Organization:		
Organization's Objectives (attach additional information if available):		
Nature of Services Provided by Organization:		
How many people do you expect to serve by this Application?	Who are the people to benefit from your activity or functions?	

Activity or Functions to be Supported by this application (if applying for an In-Kind contribution such as providing meeting space please provide preferred details. ie how many times/hrs per month/location etc):

Implications for the Organization if this application is not approved.
Would the project occur if partial funds were awarded?

Grant-In-aid Amount Requested: | \$
(not applicable to In-Kind requests)

Declaration: On behalf of the organization, I hereby declare that the information included in this application is true and correct to the best of my knowledge.

Signature:	
Position\Title:	
Date of Application:	

OFFICE USE ONLY

Date Application Received:	
Amount Awarded:	