

## Village of Clinton Grant in Aid Application - Organizations

| Organization Name:  |  |  |
|---|--|--|
| Mailing Address:  |  |  |
| Phone: Cell:  |  |  |
| Email:  |  |  |
| Contact Person: Position:   |  |  |
| Event Name:   |  |  |
| Briefly describe your organization's purpose:                                       |  |  |
|   |  |  |
|   |  |  |
| What type of Grant-in-Aid is being requested? Please circle the requested Facility: |  |  |
| Meeting Room: Council Chambers, Meeting Room Upstairs (Fennel Room)                 |  |  |
| Facility: Memorial Hall   |  |  |
| Park: Reg Conn  |  |  |
| Briefly describe how the requested Grant in Aid will be used:                       |  |  |
|   |  |  |
|   |  |  |
| Anticipated Date of Facility use:   |  |  |
|   |  |  |

| Did you receive a Grant in Aid last year? Yes No _   |   |  |
|--|---|--|
| Forward completed application to: Village of Clinton, PO Box 309, Clinton, BC, VOK 1KO Or via email to <a href="mailto:cdc@village.clinton.bc.ca">cdc@village.clinton.bc.ca</a> , or drop off at the Village office, 1423 Cariboo Highway.   |   |  |
| The Organization will be required to book the facilitie \$20 booking fee which will applied to the overall facil \$20 booking fee which will applied to the overall facilities.  |   |  |
| The Village of Clinton Council will review the application and w decision has been made.  All events will be placed on the Village Web page, advertised o the Village Facebook page.  If there are any changes in the time, date or direction of the even the contification as soon as possible.  Funding for new events will be considered by the Village of Clir based on funding availability and the criteria set out by the Corbasis. | n the electronic bulletin board, and on<br>rent, the Committee will require<br>nton Council and may not be approved |  |
| Office Use Only  |   |  |
| APPROVED: AMOUNT APPROVED:   | DENIED:   |  |
| SIGNATURE:DATE:  |   |  |
| Comments:  |   |  |
| Letter sent to applicant regarding decision Da   | ate:  |  |



## Village of Clinton Grant in Aid Application - Checklist

| Name of Or | ganization:  |
|------------|--|
|            | Proof of Registration as a charitable organization.  |
|            | Organization structure with the Board of Directors names, positions, and phone numbers.                                      |
|            | Information about the organization and how it's programs or services benefit the community.                                  |
|            | The amount of financial assistance requested, including where the resources will be used.                                    |
|            | A current business plan / budget as well as financial statements, approved by the board, for the immediately preceding year. |

\*\* Please be advised that any documentation submitted with your application will be presented at a public Council meeting.