



**VILLAGE OF ASHCROFT
GRANT IN AID APPLICATION – ORGANIZATIONS**

Organization Official Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

Briefly describe your organization's purpose:

Briefly describe how the requested grant money will be used:

What amount of Grant in Aid is being requested? \$ _____

Total organization operating budget for current year \$ _____

Total budget for project the grant is being applied for \$ _____

Did you receive a Grant in Aid last year? Yes ____ No ____

If yes, what was the amount of the grant? \$ _____

Attachments: Please provide the following to your application (if available):

- Financial Statement, Current Year Budget, Project Budget

Forward completed applications to: Village of Ashcroft, Box 129, Ashcroft, BC V0K 1A0 or via email:
to: ea@ashcroftbc.ca.

Applications will be considered by Council twice per year at the first Committee of the Whole (COW) meeting in March and September. Applications must be received by February 28/29th for events completed by September 15th and applications received for the August 31st intake must be completed by March 15th the following year to be considered.



**VILLAGE OF ASHCROFT
GRANT IN AID APPLICATION – ORGANIZATIONS**

OFFICE USE ONLY

Date Application Received: _____

Application confirmed to be complete: Date: _____

Checklist: Completed application form: _____

Financial Statement: _____

Budget for current year: _____

Project Budget: _____

Category: Arts & Culture: _____ Sports & Recreation: _____ Museum & Heritage: _____

Social/Educational/Environmental/Other: _____

Amount of Grant in Aid Applied for: \$ _____ Approved: \$ _____

Denied: _____

Comments:

Letter sent to applicant regarding decision Date: _____

Cheque sent to applicant if applicable Date: _____



**VILLAGE OF ASHCROFT
GRANT IN AID APPLICATION – INDIVIDUAL**

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Briefly describe how the requested grant money will be used:

What amount of Grant in Aid is being requested? \$ _____

Total of anticipated expenses \$ _____

Did you receive a Grant in Aid last year? Yes ____ No ____

If yes, what was the amount of the grant? \$ _____

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