

## saanich Application for COVID-19 RESTART GRANT

## **Application for Restart Grant**

- Applications must be received in the North Saanich Municipal Hall or electronically to admin@northsaanich.ca by **4:30 p.m. February 12, 2021.**
- Applicants must be a registered non-profit organization or charity.
- Applicants must serve vulnerable populations within the Capital Regional District and highlight any activities serving vulnerable populations on the Saanich Peninsula.
- Grants are limited by budget allocation.
- Further information may be obtained from the Financial Services Department, Telephone No. 250-655-5495.

1.	NAME OF ORGANIZATION:			
	ADDRESS:			
	PHONE #:	_ FAX #:	EMAIL:	
	PRESIDENT'S NAME:		PHONE #:	
	SECRETARY'S NAME:		PHONE #:	
	TREASURER'S NAME:		PHONE #: _	
	NUMBER OF MEMBERS:			
2.	OBJECTIVES/MANDATE OF	ORGANIZATION:		
3.	DATE OF INCORPORATION	:	REGISTRATION #:	
4.	GRANT REQUEST AMOUNT	:\$		
	TOTAL COVID-19 FINANCIA	L IMPACT: \$		

a. INTENDED USE OF FUNDS (PLEASE HIGHLIGHT ANY USE OF FUNDS INTENDED TO SERVE

VULNERABLE POPULATIONS ON THE SAANICH PENINSULA:

LIST OTHER GOVERNMENTS/AGENCIES/CORPORATIONS CONTACTED AND AI Attach separate sheets if necessary.  (Not applicable to grant requests under \$500)  a)\$  b)\$  5. Attach last consolidated financial statements for your organization if the gra \$5,000 and over. Also include a budget for the project/initiative that is the stapplication.  6. Is this the first time you have applied for a grant from the District of North S Yes No If "no" please provide dates and details:  7. Will any of the funds be used to give grants to other organizations?  Yes No If "yes", to which organization:  8. Additional information: (if applicable)	ENT):				
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Signed Date					