1. APPLICANT INFORMATION				
Name of Organization				
Mailing Address				
0.1.1.0				
Contact Person and Position				
Telephone Number				
letephone Number				
E-mail Address				
2 mar/rearisss				
Is the organization registered under the Society Act? Yes No				
Is the organization a registered charity? Yes No				
CRA Registered Charity Number RR001				
Grant applying for:				
Community Grant – For NPOs projects or events which are beyond the scope of the City services.				
Amount of Community Grant Requested (maximum of \$20,000)				
Operating Grant – For NPOs who occupy and operate from City-owned facilities to assist with general operating expenses				
Amount of Operating Grant Requested				
Address for City-owned facility				
2. ALIGNMENT WITH CITY'S STRATEGIC GOALS (20 points)				
Provide the organization's mission statement				
Provide a clear description of the organization's mandate				
· · · · · · · · · · · · · · · · · · ·				
How does the organization provide services that enhance the community's wellbeing that primarily benefits residents within the City of Campbell River?				
benefits residents within the Oity of Campbett fiver:				

Does the organization provide services outside the City of Campbell River? If so, please describe.						
	ne organization closely in alignment with at least one	or	more of Council's Strategic Priorities? Select all			
that	apply.					
_						
See	Strategic Plan here: <u>strategic-plan.pdf</u>					
1		1				
	Organizational Capacity		Community Growth			
	Health and Safe Community		Housing			
	Collaboration					
For	each selected Council priority, include one sentence	e	xplaining how your organization aligns with it:			
		MF	PACT (30 points)			
	v many participants / residents does the					
	anization serve?	-				
	cify any benefitting groups / special needs					
	ulations (ie. Youths, seniors, special needs groups)					
	nber of volunteers					
	nber of volunteer hours					
Doe	Does the organization provide services that are accessible to anyone, regardless of age, ability, orientation,					
ethnic / cultural background, or socio-economic status? If no, please explain.						
-						
	COMMUNITY GRANT					
Wha	What is the event that you will use the funds for?					
	-					

How is this event expected to directly benefit the residents of Campbell River?
What is the expected date of the event?
what is the expected date of the event:
Where will the event be held?
What is the total budget for the event? Please include a detailed budget as an appendix to the application.
If the event is a fundraiser, will 100% of the money raised in the event stay within the City of Campbell
River?
nivel:
If no, where will the funds go?
OPERATING GRANT
How will the funds be used within the organization?
Please provide a detailed budget as an appendix to the application.
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Please provide a detailed budget as an appendix to the application.
4. SUSTAINABILITY & NON – DEPENDENCY (10 points)
SUSTAINABILITY & NON – DEPENDENCY (10 points)  Provide information on how the community or operating grant amount is put back into the community
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Are there fees charged for participation w	rith your organization? If yes, pleas	se describe.
	, , , ,	
Does the organization measure the effect	t of receiving the community or op	erating grant? Yes No
If yes, please describe:		
	he community or operating grant o	contributes to local economic
	ed generate more than one dollar	
<ul> <li>How it may help leverage additio</li> </ul>	nal funding or resources from oth	er sources.
Organizations must have obtained or pro-	vide evidence to be seeking fundir	or from other sources other than
=	_	_
the City of Campbell River. Please provide	e the sources and amounts below	• <u> </u>
Organization / Event / Funding Source	Amount Requested	Amount Received
	•	
	L	I
	5. COMPETITION (15 points)	
Does the organization's activity compete	with any other duly licensed busir	ness in the City of Campbell
River? If yes, provide details of the activity	v.	•
Triver: If yes, provide details of the detivit	y•	
	ATTACHMENTS (25 points)	
	6. ATTACHMENTS (25 points)	
The following attachment <u>must</u> be include	d for the application to be comple	te:
Last TWO years of financial state	ments (including a balance sheet	and income statement)

Detailed budget for the event (for a community grant) OR detailed budget for the organization (for a operating grant)

## 7. AUTHORIZATION

I hereby certify that I have read the attached City of Campbell River Finance Policy, Section 2.6.1; that this application complies with the Policy requirements; and that the information contained in this application is complete and correct:

Name	
Title / Position	
Date	
Signature	

## Please send a copy of your application and appropriate attachments to <a href="mailto:communitygrants@campbellriver.ca">communitygrants@campbellriver.ca</a> by <a href="mailto:FRIDAY">FRIDAY</a>, OCTOBER 3, 2025.

The City of Campbell River is collecting this personal information pursuant to s. 26 of the Freedom of Information and Protection of Privacy Act, for the following purpose:

26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.

The contents of this application are considered public information and may be released to a third party upon request.