

APPLICATION FOR CCACS GRANT: ELEVATE GRANT

Before you begin, please read the **CCACS Grant Information and Guidelines** and refer to this document as you complete the application.

INTAKE APPLYING FOR: _____

SPRING: May 15 deadline for activities taking place between July 1 – June 30

FALL: Nov 15 deadline for activities taking place between Jan 1 – Dec 31

**The latest version of Adobe Acrobat
 is required to complete/save this**

AMOUNT APPLYING FOR: \$ _____

Between \$500 and \$3,000

SECTION 1: APPLICANT INFORMATION

Name of Lead Group or Organization: _____

Name of Lead Artist or Organizer: _____

Mailing Address:

Street: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____ Facebook: _____

Grant Contact Person (the person who will have direct communication with CCACS throughout the grant activities)

Name: _____ Title within Organization _____

Telephone: _____ Email: _____

When was the organization(s) established? _____

Please list your collaborating organizations and/or artists:

Has the Society or Community Group received a previous CCACS grant?

Yes

☐

No

☐

If yes, complete the following:

Most recent CCACS Grant Amount: _____ Year of Award: _____

Note: If a report on the use of the previous grant was not submitted, your organization is not eligible for a new grant.

SECTION 2: APPLICATION QUESTIONS AND RATIONALE

Program/Project Title: _____

At what specific location will the activities take place: _____

By what date will your program or activities start: _____

By what date will the activities be completed: _____

(Your project report will be due within two months of this date) _____

If the program includes an event, which date will it take place: _____

How many people are expected to participate in the program: _____

Approximately what percentage of the program's participants/attendees will be from the City and from the Central Cariboo region?

City %: _____ Central Cariboo %: _____

PROJECT OVERVIEW: Please describe the capital purchase you are seeking funding for. How will this acquisition support and elevate your arts and culture initiatives?

COMMUNITY IMPACT: How will this investment enhance the capacity and quality of your group activities or support the execution of a specific project? Who in the community will benefit from this purchase, and in what ways?

SECTION 2: APPLICATION QUESTIONS AND RATIONALE

INNOVATION & ENHANCEMENT: How will this purchase enable new or improved creative processes, expand artistic opportunities, or enhance the delivery of cultural experiences?

ACCESSIBILITY AND INCLUSION: How will this capital purchase improve accessibility and inclusivity in your arts and culture initiatives? Will it remove barriers for specific groups or expand participation in meaningful ways?

SECTION 2: APPLICATION QUESTIONS AND RATIONALE

SUSTAINABILITY: How will this capital purchase contribute to the long-term growth and sustainability of your program, project, or organization? What lasting benefits will it provide?

FEASIBILITY & CONTINGENCY: If this application is not successful in receiving funding, how would you plan to proceed with your proposed project, purchase, or offering? Would you need to adjust, reduce, or modify any aspects of your proposal, or would the project be unable to proceed without this grant?

SECTION 3: FINANCIAL INFORMATION

Budgets must be balanced (Total Revenue = Total Expenditure, In-kind Revenue = In-kind Expenses). Round to the nearest dollar. Please attach a separate sheet if you require more space. If making a capital purchase, please attach a quote from a recognized dealer.

ACTIVITY REVENUE SOURCES

You may use this side for notes

Other Grant Specify: _____ Confirmed? Yes ☐ No ☐	\$ _____	
Other Grant Specify: _____ Confirmed? Yes ☐ No ☐	\$ _____	
Cash Donations / Sponsorships	\$ _____	
Cash or Staff allocations from your organization	\$ _____	
Ticket Sales / admission: _____	\$ _____	
Other Specify: _____	\$ _____	
Other Specify: _____	\$ _____	
Other Specify: _____	\$ _____	
In-Kind (materials) Specify: _____	\$ _____	
In-Kind (volunteer time) Specify: _____	\$ _____	
Revenues Sub-Total	\$ _____	CCACS Grant % of total: _____
CCACS Grant Request	\$ _____	Allocations from your organization
Revenues Total	\$ _____	% of total: _____

ACTIVITIES EXPENSES - Place an asterisk (*) next to the items that would be purchased under this grant funding.

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
In-Kind (materials): _____	\$ _____
In-Kind (volunteer time): _____	\$ _____
Total Expenditures	\$ _____

SECTION 4: DECLARATION

On behalf of and with the authority of the organization named above, in signing this application:

- ☐ I have read and agree to all the conditions outlined in the **CCACS Grants Information & Guidelines**.
- ☐ To the best of my knowledge, the information provided herein is fair, accurate, and complete.
- ☐ If the proposed activity/project involves Indigenous culture or knowledge, where appropriate, I have included written permission from the relevant Band or Indigenous community.
- ☐ I agree that information provided in this application and any subsequent reporting may be shared with the appropriate committee(s), board(s), Cariboo Regional District and/or City of Williams Lake staff, and consultants. General information about awarded grants and reporting, including photos/media, may also be shared with the public and/or used for promotional purposes.
- ☐ If a grant is awarded, I accept responsibility for ensuring that the activities for which funding is received are completed in the manner described in the application. I realize that grants may only be used for the purposes outlined in the application, and any changes must be approved in advance by the CCACS Board of Directors.
- ☐ If a grant is awarded, I undertake to adhere to all **Conditions of Funding**, including publicly acknowledging the Cariboo Regional District and City of Williams Lake via the Central Cariboo Arts and Culture Society, and providing CCACS with a report on the use of the grant within two months of activities/project completion.
- ☐ I have included **letters of participation** for all parties involved in the proposed activities, project, or offering with the application, should they be required as a part of your submission.

Name (organization
signing authority) *:

**Typing your name above is equivalent to a signed declaration. Your application NEEDS a signature in order to be considered by the Committee.*

Position / Title:

Telephone / E-mail: