

APPLICATION FOR CCACS GRANT: GENERAL PROGRAM SUPPORT GRANT

Updated
 March 2021

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 form.](#)

AMOUNT APPLYING FOR: \$ _____

Between \$500 and \$3,000

SECTION 1: APPLICANT INFORMATION

Name of Society or Community Group: _____

Mailing Address

(Awards will be made payable to the organization as listed above)

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 established? _____

Are you proposing to partner with other organization(s) for this project? If so, which organization(s)?:

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 due but not submitted, your organization is not eligible for a new grant.

OFFICE USE ONLY: For applicants who have received a previous CCACS grant

Did the applicant acknowledge support from the CRD/City of WL via the CCACS in all promotional materials, advertising and programs related to the activities being funded?

Was the funding used specifically for the purposes outlined in the application, unless otherwise authorized?

Were CCACS Directors/Staff invited to attend performances/events related to the grant, if applicable?

Was a complete final report received within two months of activities/project completion?

Other comments:

SECTION 2: PROGRAM INFORMATION

Program Title: _____

At what specific location will the program take place: _____

By what date will your program related activities start: _____

By what date will the activities be completed: _____

(your activities 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 are from the City and from the Central Cariboo region?

City %: _____ Central Cariboo %: _____

Please provide a brief description of the existing program and how long it has been operating:

Please describe your proposed activities and how they will enhance or support your existing program. If necessary, please explain how your activities differ from similar activities within the community.

SECTION 2: PROGRAM DESCRIPTION, continued

Please describe how your proposed activities will increase participation by artists or by the public, or both:

If the application involves a capital purchase, describe how it fits in with this program and how the acquisition will be used after the project is complete. If making a capital purchase, please attach a quote from a recognized dealer.

How do you plan to proceed with your program if your application(s) to funders are unsuccessful or if you fail to meet your fundraising objectives? If your plan involves reducing the scope of the activities/program, be specific about what will be changed.

SECTION 3: FINANCIAL INFORMATION

Financial information about this program. **Project 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. A [sample budget](#) is available.

PROGRAM REVENUE SOURCES

Use this side for notes

Other Grant Specify: _____ Confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	
Other Grant Specify: _____ Confirmed? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	
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: _____

PROGRAM 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

This section must be fully completed and checked off for your application to be eligible.

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.
- I understand that 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 understand that if the proposed activity/project involves a partnership with other organization(s), where appropriate, I have included written confirmation of participation from the organization(s) referenced.
- I understand that if the proposed activity/project involves hiring or working with a specific artist(s), where appropriate, I have included written confirmation of participation from the artist(s) referenced.
- 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.

Name (organization
signing authority) *:

*Typing your name above is equivalent to a signed declaration.

Position / Title:

Telephone:
