

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?

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?

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 <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 % of total: _____
Revenues 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 consider by the Committee.*

Position / Title:

Telephone / E-mail:
