



Other Grants are available to recognize the significant value that volunteers, volunteer groups and *Non-Profit Organizations* contribute to the spiritual, educational, social, cultural, and physical well-being of the community. Up to two intakes are offered annually. Completing an application does not guarantee approval.

**APPLICANT INFORMATION**

Name(s):	Position:	
Mailing Address:	City:	Postal Code:
Email:	Phone:	

**PROPERTY INFORMATION**

Civic Address:	Folio:
Legal Description:	
Registered Owner (if different from applicant):	

**ORGANIZATION INFORMATION**

Organization Name:		
Representative Name:	Email:	
Is the Organization a registered Society?	<input type="checkbox"/> Yes - Registration No.:	<input type="checkbox"/> No
Is the Organization a Registered Charity?	<input type="checkbox"/> Yes - Registration No.:	<input type="checkbox"/> No
Number of full-time staff:	Number of part-time staff:	
Number of community volunteers:	Number of volunteer hours/Year:	
Please provide a brief description of the organization's mandate:		
How is the organization funded?		
What other organizations provide similar programs and services?		

Is there a fee to any of the activities/services provided by the organization?  Yes  No

If yes, please provide details of the fee(s):

Fee Type (annual, monthly, etc.)	Fee Amount	Description
	\$	
	\$	
	\$	

Detail current and/or planned revenue-generating activities by the organization.

Has the organization received assistance from the City of Nanaimo in previous years (Other Grant, Permissive Tax Exemption, In-kind...)?

Yes (please complete the table below)  No

Year	Amount	Purpose for Which Assistance Was Used
	\$	
	\$	
	\$	

**GRANT REQUEST**

Amount of grant requested: \$

Capital grant  Community event funding  Educational funding  Emergency funding

In-kind funding for facility rental

Facility address:

Rental dates & times:

Other:

Proposed use of funding:

How will the use of this funding benefit a large portion of the community?

What would be the consequences to not being awarded this funding?

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List other agencies/organizations whose financial or in-kind support has been requested for this project.

Organization Name	Amount Requested	Status of Request
	\$	
	\$	
	\$	

**SUPPORTING DOCUMENTATION**

Certificate of Good Standing from BC Registry Services

Confirmation of Charity status per Canada Revenue Agency (if applicable)

Financial Statement for most recent fiscal year

Current year budget

Invoice/quote for capital purchase

**SIGNATURE**

I am an authorized signing officer of the organization and I certify that the information given in this application is accurate and complete. Should an Other Grant be granted for the above listed project/event, I agree to the following terms:

- Any unused funds from the Other Grant are to be returned to the City of Nanaimo;
- The property use will be in compliance with all applicable municipal policies and bylaws; and
- The organization will publicly acknowledge the Other Grant awarded by the City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTES**

First Intake - May 15<sup>th</sup>

Second Intake - September 15<sup>th</sup> (if funding available)

**Submit to:**

Email: [pte@nanaimo.ca](mailto:pte@nanaimo.ca)

Mail: 455 Wallace Street, Nanaimo, BC V9R 5J6

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