

## FINANCIAL ASSISTANCE GRANT POLICY

Council Resolution No. 074 Effective Date: March 24, 2014

Section: Finance

### **Purpose:**

The District of Hudson's Hope recognizes that valued contributions are being provided through volunteer efforts of the community organizations and agencies on behalf of the citizens. The Financial Assistance Grant demonstrates Council's commitment to working with groups which provide these beneficial programs, services or projects to the community while at the same time recognizing the financial constraints of the District.

## **Policy:**

In granting financial assistance to an organization for a Financial Assistance Grant, the District will take in to account the following objectives:

- 1. For budgetary preparation purposes an amount not exceeding 15% of the municipal residential tax revenue will be budgeted annually for Financial Assistance Grants.
- 2. The primary purpose of a financial assistance grant is to provide assistance to an organization for a specific capital project or local event that benefits the residents of the District of Hudson's Hope.
- 3. Providing assistance includes the donation of time, facilities and District inventory (tents, tables, chairs, etc.)
- 4. Grants will not be provided for travel expenses.
- 5. The applicant organization must be registered as, or belong to a parent, Non-Profit Society under the laws of British Columbia and/or Canada.
- 6. Upon completion of project the applicant must submit a final report to the District of Hudson's Hope outlining how funds were expended.
- 7. Assistance in the form of a grant will be made after the property tax deadline (i.e., in early July). If the applicant requires all or a portion of the funds prior to that time, the application should specifically request an earlier payment.
- 8. Preference will be given to an organization that benefits the Hudson's Hope community at large.
- 9. Priority may be given to the following categories:
  - a. Family
  - b. Youth
  - c. Disabled
  - d. Adult
  - e. Size of Group

Note: Individual groups are encouraged to apply through their Umbrella Group.

10. Priority for capital projects and events hosted in our community may be given to the following



#### categories:

- a. Local Events
- b. Regional Events
- c. Provincial Events
- d. National Events

#### This policy does not apply to:

- a. Hudson's Hope Library
- b. Hudson's Hope Museum
- c. Hudson's Hope Community Hall
- d. Minor Sponsorships (Receptions, Luncheons, Dinners, etc.)
- e. Requests for promotional items (Pins, T-shirts, etc.)

#### Procedure:

- 1. Advertisements will be placed in the newspaper in January giving notice that the District of Hudson's Hope is accepting applications until February 15 for Financial Assistance Grants for the District's next budget year.
- 2. The application form for a financial assistance grant is attached to the policy
- 3. An executive representative of the organization making the grant request must present the request to Council if requested.
- 4. The application in its entirety may be placed in a Council agenda.
- 5. At the discretion of Council, decisions pertaining to the approval of the grant requests may be made at the same meeting as the request is presented, however the Council decision will not be made in front of the delegation, or Council may choose to postpone the decision until a later date.
- 6. Requests for financial assistance must be approved by an affirmative vote of at least two-thirds of all Council Members.



# **APPLICATION FOR A GRANT**

Date:			_ Dat	te Re	ceived:			
		G	ENERAL IN	FOR	MATION			
Official Name of Non-Pro	ofit Organ	ization	l					
Mailing Address				Ci	City Province Postal C			Postal Code
3								
			0.0155571111					
Cogioty Dogistration Nur	mhon	5	OCIETY IN	FOR		ON (Ducino	aa Numban)	1
Society Registration Nur	nber				Charity's BN (Business Number) / Registration Number (the number the			
					organization puts on charitable donation			
					receipts)			
SOCIETY E	XECUTIVI	E – ATT	ACH LIST	IF MC	DRE ROOM IS	S NECESSA	RY	
Title	Name				Phone Number			
LOCAL CONTACT	INFORMA	ATION (	OF PERSON	CON	IPLETING A	PPLICATIO	ON FORM	
Contact Name								
Mailing Address			City			Province	Po	ostal Code
C								
Work Telephone	Home Telephone Co			Col	ell Telephone		Email Address	
work relephone	nome retephone			Cei	cen reiephone		Linaii Auui C33	
			GRANT AP	PLIC	ATION			
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New Crant Application	า		1 1	IΔn	inlication for	Project Pro	WIGHT Fring	ded by the



ORGANIZATION INFORMATION						
Describe the purpose of your organization:						
User	Statistics					
1	The	number of persons that are served by your organi	ization annually.			
2	The	number of members in your organization/society.				
In the		run by volunteers, paid staff or a combination of b	- A4b?			
15 til	e organization	run by volunteers, paid stan of a combination of t	Jour:			
1	the r	number of volunteers andthe number vo	olunteer hours worked per year.			
2. 7	The number of	paid staff, their titles and number of paid hours pe	er vear			
		or para nours pe	<b>y</b> <del>-</del> -			
	Number	Title	Paid Hours Per Year			



	DECHE	ST FOR GRANT			
Describe the reason	for your grant application:	DI FOR URAN I			
Describe the reason i	ioi your grant application.				
Proposal is best charac	cterized as:				
Event	Capital Project				
_	_ '				
Participants/benefici	iaries will primarily be:				
Youth	Seniors	☐ Disadvantaged Persons			
_	_	_ 0			
This proposal's activit	ies can best be described as 1	elated to:			
Arts and Culture	Recreation and Sports	Environment, Social and Education			
Attach the following	information:				
_		ncluding a Balance Sheet and Income Statement			
		ne most recent Financial Statements provided are not the			
		income and expense statement in a format consistent			
	nization's financial statements				
☐ Operating Budget for the Current Year (Please attach a copy of the projected income and expense					
statement in a format consistent with the organization's financial statements)					
☐ Projected operating budget for the next year					
☐ Copy of Non-F	Profit Society Registration pap	pers			

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<u>DECLARATION</u>					
I hereby declare that the statements and information contained in the material submitted in support o this application are to the best of my belief true and correct in all respects.					
I hereby agree to indemnify and save harmless the District of Hudson's Hope and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this exemption, if issued, and I further agree to conform to all requirements of the applicable bylaw and all other statutes and bylaws in force in the District of Hudson's Hope.					
Signature of Applicant Date					

The personal information on this form is collected for the purpose of an operating program of the District of Hudson's Hope as noted in Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Freedom of Information Coordinator at  $250\,787\,8150$ .

# **APPLICATION DEADLINE - FEBRUARY 15**

SEND APPLICATIONS TO:

DISTRICT OF HUDSON'S HOPE HUDSON'S HOPE, BC VOC 1VO, CANADA

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