

# DISTRICT OF HOPE GRANT-IN-AID PROGRAM

## *Instructions:*

1. Please fill in all the blank spaces and give as much detail as possible. It will assist the District Council in making an accurate and responsible assessment of your needs.
2. If you are uncertain about any question or its intent, please contact the District of Hope for assistance at (604) 869-5671.
3. If there is relevant information about your organization or request not covered by questions in the application, please include an attachment page.
4. Please attach Financial Statement and Current Budget. Please retain in your own files all originals of these documents. Return completed application to District Hall on or before October 15th.
5. All applications will be reviewed by the Council. Please refer to the District Policy attached herein for Assessment Criteria and Conditions of Funding.
6. **LATE APPLICATIONS WILL NOT BE CONSIDERED.**
7. Applications that do not meet one or more criteria will be considered ineligible for funding.



## DISTRICT OF HOPE GRANT-IN-AID PROGRAM GUIDELINES

Submit application *in person* to:  
DISTRICT OF HOPE  
325 Wallace Street  
Hope, BC V0X 1L0

Submit application *via email* to:  
info@hope.ca

Submission deadline: **October 15, 2025**  
Late applications will not be considered.

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### GUIDELINES

All applications to the District of Hope Grant-In-Aid Program must adhere to the following guidelines:

- I. Programs/Activities/Events of the Agency must:
  - (a) strengthen and enhance the well being of our Community;
  - (b) promote volunteerism;
  - (c) be a District of Hope and area registered non-profit society;
2. Programs/Activities/Events of the Agency must not:
  - (a) offer direct financial assistance to individuals or families;
  - (b) duplicate services that fall within the mandate of either a senior government or a local service agency;
  - (c) be part of a Provincial or National fund raising campaign

Non-profit agencies or societies may apply for a Grant-In-Aid in the following categories:

- A. **SEED GRANTS:** For agencies or societies in their formative stages of development. Grants shall not exceed 50% of the establishment costs and is available to a society or agency only once.
- B. **SPECIAL PROJECTS:** For agencies or societies staging a special event or activity. Funding is available for either three consecutive years or once in every three years.
- C. **SPECIAL CAPITAL EXPENDITURE:** For agencies or societies to purchase necessary capital items. Grants in cash and/or in-kind shall not exceed 25% of the cost, with the balance funded by way of fund raising and/or grants external to municipal government.

**Your application must be accompanied by budget and financial statements.**

Please complete all the blank spaces and give as much detail as possible (within the 150 word limit). This will assist District Council in making an accurate and responsible assessment of your needs. If there is relevant information about your organization or request not covered by the questions in the application please include an attachment page. If you have any questions, please contact the Director of Finance at (604) 869-5671.

Name of Organization & Society No.:

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Purpose or Function of Organization:

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Brief Description of Proposed Use of Grant Being Applied For:

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Street Address, including Postal Code:

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Mailing Address if different from above:

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Chairperson's Name: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Address, including Postal Code:

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Treasurer or Financial Officer's Name: \_\_\_\_\_

Telephone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Address, including Postal Code:

# GRANT-IN-AID APPLICATION FORM

1. Previous Year Grant from District of Hope:

2. Current Year Joint Grant Requested From District of Hope: \$ \_\_\_\_\_ and FVRD\$ \_\_\_\_\_

List all other Agencies to whom a grant has been requested for this project:

Name	Amount Requested	Status of Request

Please answer the following questions, using additional paper if necessary.

1. Attach your current financial statement prepared and signed by the appropriate person (i.e., CPA, comptroller, bookkeeper, financial officer, treasurer, etc.).

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2. What efforts has your organization made to become self-supporting? If your agency charges user fees or membership dues, attach your current fee structure.

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3. What are your organization's goals and objectives for this year?

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4. How do the services of your agency overlap a similar agency, and what efforts have been taken to eliminate the duplication, if any?

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5. How is the function of your organization mainly for the benefit of the citizens of the District of Hope?

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6. How does your organization promote cultural understanding in the community?

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7. In the past year, how many persons has your organization served? \_\_\_\_\_

8. How long has your organization been in existence in Hope? \_\_\_\_\_

9. How many years has your organization received Grant-In-Aid funding from the District of Hope?

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10. How long do you anticipate that your agency will require funding from the District of Hope?

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11. Is your organization voluntary and non-profit? \_\_\_\_\_

12. Are all of the board members/directors voluntary? If no, state amounts paid. \_\_\_\_\_

13. Is any part of the income of your organization payable to, or otherwise available for, the personal benefit of any proprietor, member or shareholder?

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14. Report the number of volunteers. \_\_\_\_\_

15. Report the number of volunteer hours worked. \_\_\_\_\_

16. Report the number of paid management and staff members and total salaries paid. Please indicate full vs. part-time staff.

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17. Does your organization receive a rental subsidy from the District? If so, how much?

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18. Does your organization receive any benefit from permissive tax exemption? And if so, how much? (Information available from Tax Department.) \_\_\_\_\_

19. Does your organization use District-owned facilities? If so, which ones? \_\_\_\_\_

20. How are your services publicized? \_\_\_\_\_

### **Project Summary Sheet**

Please answer the following questions, using additional paper if necessary.

Brief description of proposed use of grant being applied for:

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What is the need for this project in our community?

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Is your application for a:

- A. a seed grant;
- B. a special project; or
- C. a special capital expenditure

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If your agency is applying for a matching grant from government or other sources, is the grant contingent upon receipt of this District grant?

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Please indicate activities that will be carried out in this project and attach timelines to them.

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Please provide a brief financial budget for the project. \_\_\_\_\_

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Please explain how you will measure and evaluate the impact of this project on the community? How will you determine if it was successful?

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THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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President/Chairperson

Office use only	
Applicant:	
Application received	Date:
Application confirmed to be complete	
Checklist: Society No. (if application over \$500) Complete Application Form Latest Financial Statement      Audited:    Yes                  No                  N/A Budget Summary for current year Project Budget Annual Report	
Category:    Arts & Culture	Sports & Recreation
Museum/Heritage	Social/Educational/Environmental/Other
Amount of Grant-in-Aid Applied for:    \$	Approved: \$ Denied
Comments:	
Letter sent to applicant informing of decision	
Date:	
Cheque sent to applicant	
Date:	