



## **The District of Hope COVID-19 Restart Grant-In-Aid Program**

### **Instructions for completing the application form**

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. **LATE APPLICATIONS WILL NOT BE CONSIDERED**
5. Applications that do not provide the appropriate comparative financial information will be considered ineligible for this special funding



## COVID-19 RESTART GRANT-IN-AID PROGRAM GUIDELINES

### SUBMIT APPLICATIONS TO:

**DISTRICT OF HOPE  
325 Wallace Street  
Box 609  
Hope, BC V0X 1L0  
Attention: Director of Finance**

**Submission deadline: 4:00 pm July 7, 2021  
Late applications will not be considered**

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### GUIDELINES

All applications to the District of Hope COVID-19 Restart Grant-In-Aid Program must adhere to the following guidelines:

1. **Programs/Activities/Events of the Agency must:**
  - (a) strengthen and enhance the well being of our Community;
  - (b) promote volunteerism; and
  - (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; and
  - (c) be part of a Provincial or National fund-raising campaign

Non-profit agencies or societies may only apply for a COVID-19 Restart Grant-In-Aid for the following:

**REVENUE SHORTFALLS:** Funds are only available whereby proof is provided that the non-profit agency or society experienced revenue losses due to COVID-19.

**Your application must be accompanied by Comparative Revenue and Expense financial statements for 2019 and 2020.**

Please complete the following application and give as much detail as possible. **All information requested must be answered.** This will assist the 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.

## APPLICANT INFORMATION

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:

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## COVID-19 RESTART GRANT-IN-AID APPLICATION FORM

1. Amount of COVID-19 Restart Grant requested from the District of Hope \$ \_\_\_\_\_
2. Current Year Regular Grant in Aid approved by Council \$ \_\_\_\_\_

Summary of Revenues (Must equal amount on Financial Statements Submitted)		
2019	2020	Difference

1. Please attach your 2019 – 2020 comparative Revenue and Expense financial statement prepared and signed by the appropriate person (i.e., CPA, comptroller, bookkeeper, financial officer, treasurer, etc.).

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

5. Has your organization previously received Grant-In-Aid funding from the District of Hope? If so, when?

\_\_\_\_\_

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

7. Are all of the board members/director's voluntary? If no, state amounts paid. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
President/Chairperson

**Office use only**

**Applicant:**

**Date Application received:** \_\_\_\_\_

**Checklist:**

**Society No.** \_\_\_\_\_

**Complete Application Form** \_\_\_\_\_

**2019-2020 Comparative Revenue & Expense Financial Statement**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Amount of COVID-19 Restart Grant-in-Aid Applied for:** \_\_\_\_\_

**Approved: \$** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Comments:**

**Letter sent to applicant informing of decision**

**Date:** \_\_\_\_\_

**Cheque sent to applicant**

**Date:** \_\_\_\_\_