

TOWN OF OSOYOOS

APPLICATION FOR COMMUNITY SERVICE GRANT & RESORT MUNICIPALITY INITIATIVE FUNDING VISITOR ACTIVITY ENHANCEMENT



1. Check the appropriate grant:

Community Service Grant ☐ RMI – Visitor Activity Enhancement ☐

2. Date: _____

3. Name of Group: _____

4. Mailing Address: _____

5. a) Date Organization Established in Osoyoos: _____

b) Registered Non-Profit Society in Province of B.C.

Date: _____ Registration Number: _____

c) Registered Charitable Organization with Federal Government

Date: _____ Registration Number: _____

6. President: _____ Telephone: _____

Address: _____

7. Secretary: _____ Telephone: _____

Address: _____

8. Board of Directors:

1) _____ 6) _____

2) _____ 7) _____

3) _____ 8) _____

4) _____ 9) _____

5) _____ 10) _____

9. Contact Person: _____

10. Your Organization or Community Groups Objectives: _____

11. Outline of Services or Program: _____

12. Purpose of which Grant Funds will be expended: _____

13. Municipal Facilities to be used and duration of use: _____

14. Budget: \$ _____ Grant Request: \$ _____
15. How will Community and/or Participants benefit? _____

16. List other sources of potential income or services already solicited, amounts requested and amounts granted: _____

17. Detailed community support for objective: _____

RMI-Visitor Activity Enhancement Grant Applicants Only

18. Describe how the RMI Funds are proposed to be invested.

19. Describe how the local festival or event will impact the local tourism economy.

20. What is the anticipated attendance at the Festival or Event?

21. Describe how the relative success of the Festival or Event will be measured.

22. If this application is successful, you must provide the following information within 45 days of the event or festival. The Town will withhold 10% of the grant funding until the information is received.

- a) Detailed budget;
- b) Visitor Surveys detailing relative satisfaction with the event;
- c) Estimated Attendance;
- d) Estimated out of town visitors;
- e) Digital photographs and spectator/participant testimonials for use in the
- f) Annual RMI Report;
- g) Estimated accommodation occupancy

23. Contingency plan if application is not successful.

We certify that to the best of our knowledge the information provided in this municipal grant request is accurate and complete and is endorsed by the organization, which we represent. If our organization receives a municipal grant, we agree to the conditions set out below and to any other conditions approved by Council.

(Signatures of the Executive Director and Board Chairperson)

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

LIST OF CONDITIONS:

1. Ensure you identify the grant program you are requesting and be sure to complete all sections for each respective grant opportunity.
2. In the event that the funds are not used for the project or programs as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance may be payable forthwith to the Town of Osoyoos.
3. If there are any changes in the funding of the project from that contemplated in the application, the Town of Osoyoos will be notified of such changes through the Director of Community Services department.
4. The Organization or Community Group will make or continue to make attempts to secure funding from other sources as indicated in its application.
5. The Organization or Community Group will keep proper books of accounts of all receipts and expenditures relating to the project or program.
6. The Organization or Community Group will make available for inspection by the Town of Osoyoos or its auditors all records and books of accounts of the Organization or Community Group upon request from the Town of Osoyoos.
7. If the project or program proposed in the Organization or Community Groups application is not commenced; or it is not completed, and there remain Town of Osoyoos funds on hand, or is completed without requiring the full use of the Town of Osoyoos funds, or where council directs the funds to be returned, such funds will be returned to the Town of Osoyoos through the Director of Community Services.
8. The project or program may not be represented as a Town of Osoyoos project or program, and the Organization or Community Group does not have the authority to hold itself out as an agency of the Town of Osoyoos in any way, the only relationship being that the Town of Osoyoos has approved the granted financial assistance to the Organization or Community Group.

ATTACH EACH OF THE FOLLOWING:

1. Copy of your **most** recent financial statement.
2. Copy of your detailed budget for the current year.
3. Copy of your organization's constitution or bylaws if not already on file in the Town of Osoyoos.
4. Any other information, which would assist in the evaluation of your grant request.

**Town of Osoyoos
P.O. Box 3010
OSOYOOS, B.C. V0H 1V0**

Attention: Director of Community Services

FOR STAFF USE ONLY:

Grant Requested \$ _____ Grant Recommended \$ _____

Grant Approved by Council \$ _____