

Applicant Summary		
Organization Name:		
Address:		
City:	Postal Code:	
Contact Person:	Position:	
Email:	Phone:	
Website:		
B.C. Society No.:	Charitable Registration No.:	
Describe what your organization does and identify the key benefits to residents of Delta.		
Amount Requested:		\$
How much Delta Community Grants Funding was <b><i>applied for and received</i></b> last year?	Applied Received	\$ \$

Other City of Delta Funding		
Organizations are only eligible for a Community Grant if they are not receiving other sources of funding from the City. Community Grants can be combined with Facility Rental Grants if the total of both grants does not exceed \$10,000. Please review the following potential sources of revenue and note whether your organization receives funding from these sources.		
Revenue from City of Delta	Yes	No
Fee for service (agreement)		
Facility Rental grant		
Permissive Tax Exemption		
Other (please specify)		

Funding Proposal				
Is this a new program?	Yes		No	Program / Capital / Initiative (circle appropriate selection)
How many individuals <u>in the City of Delta</u> did this program serve <i>directly</i> last year?				
What <b>proportion</b> (%) of individuals that your organization serves are Delta residents?				%
Describe how this funding will be used.				
Who are your primary and secondary target groups for this program?				

If you applied for and received funding for this program last year, what were the specific outcomes of that program? Provide quantitative and qualitative information and how this ties into the Organization's goals and objectives.

If you do not receive the request, what is the impact to the program and how will the organization's goals and objectives be impacted?

Community grants are designed to support programs that focus primarily on providing benefit to Delta's community and residents. How does your organization's services or programs meet the following criteria.

a) Strengthens and enhances the well-being of the Delta community

b) Benefits residents who are experiencing social, physical, and/or economic disadvantages or who face discrimination

c) Promotes volunteering

d) Promotes cultural understanding

e) Partners with other service providers in the community

f) Organization's programs and services are inclusive and available to Delta residents

## Conditions of Funding

Note that unused grant funds provided by the City for the purposes described in the application form must be returned. If the application form contains misrepresentations, the full amount of the grant may be repayable to the municipality. A short report/email confirmation that the funding was spent and the resulting outcomes must be provided once the funded initiative is complete.

Signatures

We certify that, to the best of our knowledge, the information provided in this City of Delta Community Grants Funding request is accurate and complete and is endorsed by the organization which we represent.

We certify that, to the best of our knowledge, the organization that we represent is a society in good standing and is up-to-date with annual report filings.

If our organization receives City of Delta Community Grants Funding, we agree to the conditions set out above and to any other conditions approved by Council.

_____	_____	_____
Executive Director – Signature	Print Name & Title	Date
_____	_____	_____
Board Chair or Signing Officer – Signature	Print Name & Title	Date

Grant recipients must acknowledge assistance on all promotional materials (print and digital), website and social media sites relating to the organization or program with the following:

***We gratefully acknowledge the support of the City of Delta through their Community Grants Funding Program.***