

## Regional Grant in Aid Application

Please complete and email to <a href="mailto:finance@rdco.com">finance@rdco.com</a> for consideration.

Date Submitted:				
Applications for Grant-in	-Aid funding must be s	ubmitted by:		
	ding - September 30 <sup>th</sup> 6 a funding - February 28			
☐ Have you attached yo cost of the project or pro	_		-	t outlining the total
Applicant Information	:			
Organization name				
Contact person & title	<u> </u>			
Mailing address:				
Phone number				
Email				
Organization Informa	tion:			
President		Te	elephone	
Secretary/Treasurer		Te	elephone	
Registered Charity	Yes:	N	o:	
Year founded		R	egistration date	
# of staff	Full Time:	Pa	art Time:	
# of volunteers	Full Time:	Pa	art Time:	
Grant Request Inform	ation:			
Amount of Regional Gra	ant in Aid requested:			
Type of funding being re	equested: $\square$ Region	nal 🗆 Elector	al Area	

Provide a detailed description of the project or program for which funds are being requested:	

Regional Grant in Aid Application



## Internal Use Only

$Application\ meets\ the\ eligibility\ criteria\ according\ to\ Regional\ Board\ Policy\ BP22-2025\ Grant\ in\ Aid$
☐ Yes ☐ No
If no, provide the reason:
If yes, date approved to forward to Board for consideration:
File/Reference Name:
Employee Signature:
Regional Board Authorization (if applicable)
Application approved by the Regional Board:
□ Yes □ No
Meeting Date:
Board Resolution:
THAT
Comments:

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