

Date:

Section 1. Identification

Name of Organization

Mailing Address

City

Province

Postal Code

Phone Number

Email

Name of Contact person

First

Surname

Contact Email Address

BC Society Act Reg #

Federal Charitable # (If applicable)

Registered Charitable Partner (If applicable)

Enter the identification information for your registered charitable partner. Include a copy of the [Registered Charity Partnership Agreement](#). See [Guidelines](#) for Partnering with a Registered Charity and Non-charity and Registered Charity Partnership Agreement.

Name of Registered Charitable Partner

Mailing Address

City

Province

Postal Code

Phone Number

Email

Federal Charity Reg #

Partner's relationship to your organization

Section 2. Project Information

Name of Project

Start Date

End Date

Describe the activity or work that will be done and where it will take place

Explain who will carry out the activity or work

BVCF field of interest (click to check applicable)

Community

Cultural

Fine Arts

Education

Social and
Family

Sports and
Recreation

Youth

Health

(Cont)Section 2. Project Information

Who will the project benefit?

Why is the project needed?

Who will monitor/evaluate the project?

Specify how the BVCF support will be acknowledged

Describe your organization and membership

Section 3. Finance

Funding requested from the BVCF \$
Specify the project cost items that BVCF will support

PROJECT COST BREAKDOWN

Item	Cost \$
Total Project Cost	\$

PROJECT FUNDING SOURCES

Source	Amount \$
Total Project Funding	\$

Additional items included with application

- Most recent financial statements including a balance sheet and income and expense statement.
- Registered Charity Partnership Agreement (if applicable)
- Supplier quotes (if available)

Name of Director

First

Surname

I certify that this application for funds has approval from the Board of Directors Yes