

Site C Project Supporting Peace Region Community Non-Profits to Generate Opportunities**Adobe Reader 8.0+ is required to complete this application form.**

If you are using an earlier version, you will not be able to save any information you enter into the form.

Adobe Reader is a free download available at: <http://www.adobe.com/products/acrobat/readstep2.html>

✦ **Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.**

1. Project Name

Provide a project name:	Have you previously received funding from this program?
	<p style="text-align: center;">Yes No</p> <p>✦ Future funding applications from past fund recipients are invited once annual reports are received.</p>

2. Applicant Profile

Applicant organization (legal name):	Non-profit society registration no. (if applicable):
Mailing address:	Telephone:
Email:	Website (URL):

3. Primary Contact Information

Primary contact (for this application):	Position/title:
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Complete the following if different from applicant organization contact information:

Mailing address:	Email:	Telephone:
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4. Required Application Features

See the application guide for more information on eligibility, application review and approval process.

Programs must be based in, or providing services to vulnerable populations in Fort St. John, Hudson’s Hope, Taylor, Chetwynd, Peace River Regional District (Electoral Areas B, C and E). Please select the designated community or communities your program is based in:		
City of Fort St John	District of Hudson’s Hope	District of Chetwynd
District of Taylor	Peace River Regional District (Electoral Areas B, C, E)	District of Taylor
The Fund has been established to support non-profits that provide services and programs to vulnerable populations, including children, families, and seniors. Please select the vulnerable population(s) your program is supporting.		
Children	Families	Seniors
The Fund targets regional priority areas that have been identified by communities and service organizations in the region. Please select the priority area(s) that your program is addressing.		
Healthy food options (food bank support, nutrition, education)		
Child development programming (daytime: infant, toddler, pre-school and after-school: tweens and teens)		
Family care (support and education around violence, addiction, and healthy relationships)		
Affordable transportation to improve access to services and programs		
Affordable access to technology		
Other: _____		

5. Letter of Support (Required)

Identify the municipality, regional district, or community organization that is providing a letter of support for this funding application:
A letter of support from the municipality, regional district, or community organization is attached.

✦ Applicants must secure a letter outlining support for the funding request from a municipality, regional district or community organization. The applicant must provide a copy of the letter of support to Northern Development before an application can be considered for funding.

Sample:

THAT, the (insert local government or organization name) supports the application to Northern Development Initiative Trust from the (insert applicant organization name) for a grant of up to \$(insert amount) from the BC Hydro GO Fund.

6. Project Overview

Please provide a description of how the grant will be used by your organization to support vulnerable populations including children, families, and seniors:

Please describe how the grant funds will strengthen what your organization can offer the community:

Please describe how your organization collaborates with other organizations to ensure program efficiencies and to avoid duplication in services:

Identify the anticipated number of Peace region program participants who would benefit from the funding:

If this is an existing program, how was this previously funded?

If this is an existing program, what were the program results?

If a program is open to anyone, how will the program reach out to ensure vulnerable populations have the chance to participate? For example, would there be a referral approach, and if so, by whom?

7. Project Budget

Expense item:	Amount (\$):	Vendor:	Verification:
	\$		Quote(s) attached
	\$		Quote(s) attached
	\$		Quote(s) attached
	\$		Quote(s) attached
	\$		Quote(s) attached
	\$		Quote(s) attached
	\$		Quote(s) attached
TOTAL PROJECT BUDGET: \$			

8. Funding Request

The following funding is requested from Northern Development:

Funding type:	Amount (\$):
Grant	\$ <i>★ Maximum allowable grant is \$10,000.</i> <i>★ Previously funded projects or programs:</i> <i>Second application: maximum allowable grant is \$7,500.</i> <i>Third application: maximum allowable grant is \$5,000.</i>
If applicable, what plans do you have for future funding to sustain your program?	

9. Other Funding Sources

Funding source: + Do not use acronyms.	Amount (\$):	Identify funding terms:	Identify funding confirmation:
	\$	Applicant contribution	Confirmation letter attached
	\$	Grant Loan Other:	Approval letter attached Date approval expected:
	\$	Grant Loan Other:	Approval letter attached Date approval expected:
	\$	Grant Loan Other:	Approval letter attached Date approval expected:
	\$	Grant Loan Other:	Approval letter attached Date approval expected:
	\$	Grant Loan Other:	Approval letter attached Date approval expected:
TOTAL OTHER FUNDING: \$		TOTAL PROJECT FUNDING: \$ (Northern Development + Other Sources)	

+ Northern Development must receive copies of letters of approval for all other funding sources. Please attach all letters of approval received to date with this application. If there are more than six other funding sources, attach a complete list separately.

10. Leveraging

Northern Development’s funding leverage for the project:	
The funding request as a percentage of total project funding is: _____ %	+ Previously funded projects or programs: Second application: maximum 75% of eligible budget. Third application: maximum 50% of eligible budget.
+ Leverage % = (Northern Development funding request) ÷ (Total project funding)	

11. Attachments

List all documents attached to this application:

Document name:
1) Required: Financial statements from the organization.
2) Required: Society incorporation document.
3) Required: Letter of support.
4)
5)
6)

12. Authorization

I have read and understand the [BC Hydro GO Fund Application Guide](#) including the ineligible costs.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans, is fairly presented.

I also agree to submit a report using Northern Development’s reporting form to verify the use of the funding.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.

I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, consultants, and BC Hydro.

Name (organization signing authority): ✦ <i>Please type name.</i>	Position/title:	Date:

13. Submitting Your Application

Completed funding application forms (with all required attachments) should be provided electronically to Northern Development by email. ✦ *Please do not scan this form.*

Email: jordanb@northerndevelopment.bc.ca