

City of Terrace – Terrace Community Forest

APPLICATION FOR FINANCIAL ASSISTANCE FOR COMMUNITY ORGANIZATIONS

Note: Application must be received by **October 15th** at City Hall to receive consideration for financial assistance in the following year.

Name of organization: _____

Mailing address: _____

Contact name and Title: _____

Telephone number: _____ Email address: _____

Is your organization registered under the Society Act? Yes _____ No _____

If yes, please provide registration number: _____

Describe your organization. Include a short history and briefly describe the goals and objectives. (Attach a separate sheet if necessary.) _____

How does your organization benefit the community of Terrace? _____

Briefly describe the proposed use of grant funds? _____

What efforts have been made to raise other funding? _____

Is your facility open to the public or to members only: Public _____ Members Only _____

If members only, is membership available to any individual in the community? Yes _____ No _____

Amount requested: _____

Attachments Required:

Latest Financial Statements (signed)

Budget for upcoming year/event

List of Executive including contact information

Authorized Signature