

Northern Community Economic Development

Forms:

Application Form

Summary Report

NAME OF ORGANIZATION:		AMOUNT REQUESTED:
MAILING ADDRESS:		
CONTACT PERSON:	TELEPHONE NUMBER: FAX NUMBER:	E-MAIL ADDRESS:

PROJECT TITLE:
PROJECT DESCRIPTION:
(Please attach any supporting materials and documents produced as a result of the project.)
PROJECT AREA (SELECT ALL THAT APPLY): <input type="checkbox"/> PARKSVILLE <input type="checkbox"/> QUALICUM BEACH <input type="checkbox"/> EA 'E' <input type="checkbox"/> EA 'F' <input type="checkbox"/> EA 'G' <input type="checkbox"/> EA 'H'
DESCRIBE IN DETAIL WHAT THE NORTHERN COMMUNITY ECONOMIC DEVELOPMENT FUNDS WILL BE USED FOR:
LIST ALL GRANTS RECEIVED AND/OR APPLIED FOR FROM OTHER SOURCES:

Please Note: The Regional District of Nanaimo is subject to the provisions of *The Freedom of Information and Protection of Privacy Act* and cannot guarantee that information provided can or will be held in confidence.

EXPLAIN HOW YOUR PROJECT SUPPORTS THE PRINCIPLES AND PRIORITY AREAS OF THE PROGRAM:

LIST ANY MEASURABLE ECONOMIC BENEFITS OR OTHER OUTCOMES THAT WILL RESULT FROM THIS PROJECT:

PLEASE PROVIDE THE FOLLOWING SUPPLEMENTAL MATERIAL:

- ☐ An Organizational Chart illustrating the structure of your organization, including Directors and volunteers.
- ☐ A copy of a bank statement showing your organization's name and address.
- ☐ A copy of your organization's financial statements for the current year and one year prior.
- ☐ A copy of your organization's budget for the current year and one year prior.
- ☐ Any supporting materials you consider necessary to communicate your project idea.

SIGNATURE

DATE:

By signing here, you confirm that you have read the Program Guide and that you are signing on behalf of an eligible applicant.

SUBMIT HARD COPIES TO: **NORTHERN COMMUNITY ECONOMIC DEVELOPMENT PROGRAM**
REGIONAL DISTRICT OF NANAIMO
6300 HAMMOND BAY ROAD
V9T 6N2

SUBMIT DIGITAL COPIES TO: nced@rdn.bc.ca

OFFICE USE ONLY:

DATE RECEIVED:

RECEIVED BY:

COMMENTS:

FUNDING AWARDED: ☐ YES ☐ NO

AMOUNT AWARDED:

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PROJECT TITLE:		
NAME OF ORGANIZATION:		
CONTACT PERSON:	TELEPHONE NUMBER:	E-MAIL ADDRESS:
	FAX NUMBER:	
TOTAL NCED PROGRAM FUNDING:	TOTAL PROJECT BUDGET:	
PROJECT START DATE (YYYY/MM/DD):	PROJECT END DATE (YYYY/MM/DD):	
PERCENT COMPLETE:		
IF NOT COMPLETE, WHAT ASPECTS OF THE PROJECT REMAIN? PROVIDE ESTIMATED COMPLETION DATE:		

PROJECT AREA (SELECT ALL THAT APPLY):				
<input type="checkbox"/> PARKSVILLE	<input type="checkbox"/> QUALICUM BEACH	<input type="checkbox"/> EA 'E'	<input type="checkbox"/> EA 'F'	<input type="checkbox"/> EA 'G'
<input type="checkbox"/> EA 'H'				
PLEASE PROVIDE A SUMMARY OF THE PROJECT RESULTS:				
<div></div>				
(Attach any documents or other materials produced as a result of this project).				
DESCRIBE THE ECONOMIC BENEFITS OR OTHER OUTCOMES THAT HAVE RESULTED FROM THIS PROJECT:				
<div></div>				
(Please attach any supporting information that quantifies the economic benefits of the project.)				
PLEASE DESCRIBE HOW THE PROJECT HAS MET THE PROGRAM PRINCIPLES AND PRIORITY AREAS:				
<div></div>				

OFFICE USE ONLY:		
DATE RECEIVED:	RECEIVED BY:	POSTED ONLINE: <input type="checkbox"/> YES <input type="checkbox"/> NO

Please Note: Completed Summary Reports will be posted publicly on the Regional District of Nanaimo website.