

Northern Community Economic Development

Forms:

Application Form

Summary Report

NAME OF ORGANIZATION:		AMOUNT REQUESTED: \$15,000
MAILING ADDRESS:		
CONTACT PERSON:	TELEPHONE NUMBER: 250-594-7002 FAX NUMBER:	E-MAIL ADDRESS:

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

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

(Please attach additional pages as necessary.)

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

(Please attach additional pages as necessary.)

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

Shannon Cowan

Shannon Cowan (Apr 10, 2019)

DATE:

April 10, 2019

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
NANAIMO, BC V9T 6N2

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

OFFICE USE ONLY:

DATE RECEIVED:

RECEIVED BY:

COMMENTS:

**FUNDING
AWARDED:**

☐ YES

☐ NO

AMOUNT AWARDED:

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.

PROJECT TITLE		
NAME OF ORGANIZATION:		
CONTACT PERSON:	TELEPHONE NUMBER: 250-594-7002 FAX NUMBER:	E-MAIL ADDRESS:
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: (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: (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: (Please attach additional pages as necessary.)		
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. To be eligible for future funding Summary Reports must be submitted to the RDN.