



Regional District of
Kitimat-Stikine



Grant Writing Support Form

This form is required for organizations requesting support from the joint Regional District of Kitimat-Stikine Area "B", Village of Hazelton and District of New Hazelton Grant Writer. Associations/ organizations are asked to limit Grant Writing Support to one project per quarter to allow fair access for all groups. The Regional District of Kitimat Stikine holds the right to refuse support to any group.

Name of Organization	
Mailing Address	
Primary Contact Name:	Title
Telephone:	Email:
Secondary Contact: (Optional)	Title:
Telephone:	Email:

Your Organization:

- Registered Society:
Registration Number _____
- Charitable Organization:
Charitable Number _____
- Other: _____

Why are you seeking funding?

- Building or repairing infrastructure
- Ongoing program or event
- One-time program or event
- Operational funds including staff wages
- Other: _____

Does your organization support:

- | | |
|--|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Education | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Festivals and Events |
| <input type="checkbox"/> Youth (15-29) | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Women and Girls | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Employment and Training | <input type="checkbox"/> Other: _____ |

Description of project that you are applying for funding for:

Do you know which grant you would like to apply for? Yes / No

If Yes, which one: _____

What is the deadline: _____

Have you prepared a budget that includes relevant quotes/estimates? Yes / No

If Yes, please attach.

Estimated Total Cost of your Project: _____

If the grant does not support 100% of the project cost, how will you fund the remaining portion of the project?

What year is grant funding being applied for? _____

Authorization

An association/organization member who is authorized to submit this report must sign this form.

Name: _____ Signature: _____

Title: _____ Date: _____