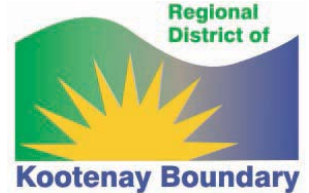




2014-2015
COLUMBIA BASIN TRUST
COMMUNITY INITIATIVES PROGRAM



PROJECT PROPOSAL APPLICATION

General Instructions

- All submissions must either be typed or written in very legible hand printing. An electronic version of this application is available on our website.
- Project outline and more detailed information must be limited to a maximum of 10 pages.
- Only registered non-profit organizations or groups sponsored by registered non-profit organization will be eligible for a grant. ****SOCIETY NUMBER IS REQUIRED – NOT HST/GST NUMBER**** **The application form must be completed by the registered non-profit organization.**
- Applications must be submitted to the RDKB office at 202-843 Rossland Avenue, Trail . **If applying for funding from more than one jurisdiction, only one application form required. Deadline for applications is March 14, 2014 at 4:00 p.m. Acceptable forms of delivery included hand delivery, courier, mail, facsimile, and email to stoupin@rdkb.com.**
- **All areas of the application must be answered.**

Section A – GENERAL INFORMATION

Application date: _____

Society Registration #: _____

1. Project Title: _____

2. Legal name of Applicant/Organization: _____

3. Sponsored Organization: _____

4. Mailing Address: _____

_____ Postal Code: _____

5. Telephone: _____ Fax: _____ Email: _____

6. Organization contact(s): _____

7. Project Primary Contact: _____

Address: _____

Postal Code: _____ Phone: _____ Email: _____

9. Project Description (brief description): (please ensure that all aspects of the project which the monies will be used for are clearly stated)

10. Location(s) of the project: _____

11. Duration (include start-up and completion date): _____

12. Goal areas (check all that apply): Social Environmental Economic Integrated

13. In the table below, please indicate which areas you are requesting funding from and the amount requested from each. **Please note:**

- **If you apply to more than one area/municipality, the Total Amount Requested cannot exceed your Total Project Budget.**
- **You will be expected to attend a public meeting for each area you indicate. (See page 4 for Electoral Area communities)**

Community Initiatives Funds (Indicate amount requested from each jurisdiction)

- Beaver Valley
(Area A, Village of Fruitvale _____
and Village of Montrose _____)
- Electoral Area B _____
- City of Rossland _____
- Village of Warfield _____
- City of Trail _____

Total Amount Requested: _____

Total Project Budget: _____

**** AFTER THE APPLICATION DEADLINE, ALL REGIONAL PROJECTS (APPLICATIONS TO THREE OR MORE JURISDICTIONS), WILL BE INVITED TO ATTEND A REGIONAL MEETING. PLEASE NOTE THAT THIS IS NOT A DECISION MAKING MEETING AND EACH APPLICANT WILL BE REQUIRED TO ATTEND THE INDIVIDUAL JURISDICTION MEETINGS****

Section B – SCREENING INFORMATION

All projects must meet the following requirements to be considered for funding under this program. Check to show that your proposal includes the following elements and give details where indicated. **All sections must be answered.**

The Project Proposal:

- a. Is consistent with the mission of Columbia Basin Trust (CBT): CBT supports efforts by the people of the Basin to create a legacy of social, economic and environmental well-being and to achieve greater self-sufficiency for present and future generations. True False
- b. Will **not** replace government-funded programs. True False
- c. Will **not** promote any form of discrimination. True False
- d. Will **not** cause environmental degradation. True False
- e. Will **not** duplicate existing local services. True False
- f. Requires government approval (local, provincial or federal). Yes No
- If yes, government approval is in place. Details: _____
- g. Has been developed in consultation with involved/affected individuals. Yes No
- Details: _____
- h. Includes financial and activity reporting and accountability. Yes No
- i. Includes indicators for project evaluation (i.e. how will you measure project success?) Yes No
- Details: _____
- j. Is submitted by a **registered** non-profit/not-for-profit organization. Yes No
- If **yes**, please provide registration # _____

Section C – EVALUATION INFORMATION

1. Why is this project needed? _____
- _____
- _____
- _____
- _____
2. Please list other project goals and objectives: _____
- _____

--	--

2. Funds from other sources:

Source	Amount

By submitting this funding application, you hereby acknowledge that CBT may disclose this application, and the information contained herein, including but not limited to your name, budget, location and the amount and nature of any related funding to the public, individuals or any other entity to the extent allowed by FOIPPA. You further agree that CBT may proactively disclose to the public your name, location, amount and nature of funding granted. Any questions regarding such may be directed to: FOIPPA Inquiries, Operations, Columbia Basin Trust, Suite 300, 445 – 13th Ave., Castlegar, BC, V1N 1G1, 1-800-505-8998.

Authorized Signature for Proponent

Please print name

MUNICIPALITIES

- TRAIL
- ROSSLAND
- WARFIELD
- MONTROSE
- FRUITVALE

Regional District of Kootenay Boundary - Electoral Area Communities

- | Area 'A' | AREA 'B' |
|--|--|
| <ul style="list-style-type: none">Rural FruitvaleBeaver FallsColumbia Gardens area | <ul style="list-style-type: none">Rivervale/OasisGenelleRed Mountain AreaCasino |