



Capital Grant Application Form

Organizations Legal Name: _____

Organizations Operating Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email: _____ Fax: _____

Contact Person: _____

Title of Contact Person: _____

Registered Charity Number or Registered Business Number: _____

BC Society Number: _____

Project Title: _____

Project Description: _____

Plan of Action: _____

Amount Requested: \$ _____

Total Project Budget: (please attach)

Financial Statement for last Current Year: (please attach)

Operating Budget for Current Year: (please attach)

Mandate and Activities of your Organization: _____

Goals and Objectives of the Project: _____

Board of Directors: (please attach list with titles)

Staff List: (please attach list with titles)

Authorized Signature: _____

Name and Title: _____

Date: _____