



District of Elkford
744 Fording Drive PO Box 340 Elkford, B.C. V0B 1H0
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FINANCIAL ASSISTANCE GRANT APPLICATION FORM

IDENTIFICATION:

Name of Society or Organization		Society #
Contact Person	Home Phone #	Business Phone #
Mailing Address/ email		

ORGANIZATION INFORMATION:

Organization Goals, Objectives, and Activities	Number of Years in Operation
Service Provided to the Community	% of Elkford Residents

GRANT REQUEST Attach separately additional documentation if pertinent to the District to considering the request.

Type of Grant – check one only <input type="checkbox"/> Capital Project Grant <input type="checkbox"/> Local Special Events <input type="checkbox"/> Out of Town Event	
Amount of Financial Grant Requested:	
Benefit to community resulting from Grant District Goals & Objectives that will be met if grant approved.	Degree of Other Community Support or sponsorship

FINANCIAL INFORMATION CHECKLIST

To be submitted with this request, the following must provide details of expenditures and revenues, including other grants and donations received and/or applied for.

Current Budget Proposed Budget Financial Statements (audited preferred)

NOTE: The release of funds is contingent upon the District receiving the requested budgets and an acceptable financial statement for the previous year.

Date

Signature

Submit completed original application to: District of Elkford, Attention: Director of Financial Services

DUE DATE: February 28, 2026

**DISTRICT OF ELKFORD
2026 GRANT REQUEST APPLICATION FORM**

DEADLINE FOR SUBMISSIONS: February 28, 2026

Please complete the following:

(Put N/A where applicable and attach additional pages if more room is required)

(a) SOCIETY EXECUTIVE:

Title

Name

Email Address:

Additional Contact Person: _____

(b) OTHER FUNDING:

List all other agencies/governmental bodies from which a grant has been requested for the fiscal year ending in 2026:

Agency

Address

Amount Requested

Status

(c) DETAILED GRANT INFORMATION:

Describe how you plan to use the District grant. (i.e. project or program):

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

President/Chairperson