



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:

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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

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**(c) DETAILED GRANT INFORMATION:**

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

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

\_\_\_\_\_  
**President/Chairperson**