



Girl Guides  
of Canada  
Guides  
du Canada

BRITISH COLUMBIA COUNCIL

1476 West 8<sup>th</sup> Avenue  
Vancouver BC V6H 1E1  
T 604-714-6636 F 604-714-6645

## APPROVAL OF LARGE PROJECTS OR CAPITAL GRANTS FOR CAMPSITES AND BUILDINGS BY BC COUNCIL

### APPLICATION FORM

Please complete BOTH pages of the Application Form adding additional pages if necessary.  
**APPLICATION DEADLINES:** Capital Grants – February 1 & June 1; Projects over \$8,000 – January 1 & May 1. Send to Provincial Properties Committee, Girl Guides of Canada - BC Council, 1476 West 8th Avenue, Vancouver, BC V6H 1E1, Fax 604-714-6645.

This is an application for a **Large Project** \_\_\_\_\_ and/or **Capital Grant** \_\_\_\_\_ (please check one)

*PROJECT NAME* \_\_\_\_\_

*AREA* \_\_\_\_\_ *DIVISION* \_\_\_\_\_ *DISTRICT* \_\_\_\_\_

Name and Physical Address of Property \_\_\_\_\_

Campsite or Building Name \_\_\_\_\_

Status of Property      Owned by Girl Guides \_\_\_\_\_

Leased From \_\_\_\_\_ Expiry Date \_\_\_\_\_

License of Occupation \_\_\_\_\_ Expiry Date \_\_\_\_\_

Other \_\_\_\_\_ Expiry Date \_\_\_\_\_

Renewal Option \_\_\_\_\_

#### ANNUAL CAMPSITE/BUILDING USAGE

Primary Use of the Property \_\_\_\_\_

Other Uses \_\_\_\_\_

# of Bed Nights Per Year \_\_\_\_\_ # of Person Days Per Year (day use only) \_\_\_\_\_

Is the Property used year-round? \_\_\_\_\_ Age of Building (if applicable) \_\_\_\_\_

If a Campsite, how many Residential \_\_\_\_\_ Tent \_\_\_\_\_ camps last calendar year?

Is the Property used for non-guiding events? \_\_\_\_\_ What percentage of total use? \_\_\_\_\_

**Please enclose a copy of long-term plans for the Property and the operations budget for this year.**

**OUTLINE THE PURPOSE AND BENEFITS OF THIS PROJECT** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### DESCRIPTION OF PROJECT

(please use additional paper if necessary and attach sketches, photos, campsite map or other helpful information)

\_\_\_\_\_

\_\_\_\_\_

Planned Project Start Date \_\_\_\_\_ Planned Completion Date \_\_\_\_\_

#### FINANCIAL INFORMATION

**Please attach operating budget of the Property for this year, Annual Financial Statement (including Balance Sheet) of the Property for the two previous financial years, plus Annual Financial Statement of Council(s) responsible for the Property and Area Council(s) for the previous year.**

**Estimated Total Cost of Project** \_\_\_\_\_

**ATTACH THREE ESTIMATES RECEIVED FROM SERVICE PROVIDERS FOR THE PROJECT**

<b>Budget</b>	<b>Sources of Funding</b>		
	Cash on Hand Designated for Project	_____	
	Anticipated Revenues		
	Donations	_____	Source_____
	Assessment	_____	Source_____
	Fund-raising	_____	Source_____
	Other Grants - Guiding	_____	Source_____
	Non-Guiding Grants	_____	Source_____
	TOTAL FUNDING	_____	
	<b>Projected Project Costs</b>		
	Labour	_____	
	Materials, Permits and Other	_____	
	PST	_____	
	50% GST	_____	
	SUBTOTAL	_____	
	15% Contingency	_____	
	TOTAL COST	_____	

Amount Requested from BC Council if Applying for Capital Grant (not to exceed 50% of total projected cost) \$\_\_\_\_\_

**Project Chairperson**

_____	_____	_____	_____
Name	Signature	Phone Number	E-mail

\_\_\_\_\_

Mailing Address

**Commissioners, Council Responsible for Property**

_____	_____	_____
Council Name	Name and Signature	Phone

_____	_____	_____
Council Name	Name and Signature	Phone

**Area Commissioner(s)**

_____	_____	_____
Council Name	Name and Signature	Phone

_____	_____	_____
Council Name	Name and Signature	Phone

Date of Application\_\_\_\_\_ Date Approved by BC Council \_\_\_\_\_  
(if total cost over \$8,000)