



2025 PUBLIC BUDGET REQUEST INSTRUCTIONS

CITY OF SALMON ARM GRANTS-IN-AID

Through the budget process, the City of Salmon Arm (City) provides an annual contribution to the Shuswap Community Foundation to support voluntary non-profit organizations. The Shuswap Community Foundation, on behalf of the City, may award annual grants in accordance with the City of Salmon Arm Annual Grant Policy No. 7.28. Requests for annual grants may be directed to:

DEADLINE: DECEMBER 15, 2024

Forward To: Shuswap Community Foundation
Mail: Box 624, Salmon Arm, BC V1E 4N7
Deliver: 102 - 160 Harbourfront Drive NE, Salmon Arm (9:30am - 3:30pm, M - F)
Email: info@shuswapfoundation.ca

For more information and to apply please visit shuswapfoundation.ca/grants/city-of-salmon-arm-grants

CITY OF SALMON ARM PUBLIC BUDGET REQUESTS

The public has an opportunity to present or provide written input into the City's 2025 budget planning process at a Public Budget Input meeting to be scheduled for the fall of 2024.

Participants are encouraged to complete a 2025 Public Budget Request Form to accompany their request. Input from participants will be reviewed by Mayor and Council during budget deliberations in December.

DEADLINE: OCTOBER 9, 2024

Forward To: Finance Department, City of Salmon Arm
Mail: Box 40, Salmon Arm, BC V1E 4N2
Deliver: 500 - 2 Avenue NE, Salmon Arm (8:30am - 4:00pm, M - F)
Email: cityhall@salmonarm.ca

Requests received after the submission deadline will be considered for the following budget year.

Only complete request forms, with all supporting documentation, will be considered. Where space provided is insufficient, attach additional pages. Supplementary information may be requested.

For questions or to withdraw your request, please contact: Finance Department at 250-803-4000 or finance@salmonarm.ca.



PUBLIC BUDGET REQUEST FORM

[Unless requested, the information on this document will be included on a public agenda]

A. CONTACT INFORMATION

Name (or Organization):

Mailing Address:

City:

Postal Code:

Primary Contact & Title:

Email:

Phone:

B. ORGANIZATION INFORMATION

(If you are not an organization making a request, proceed to section "C")

1. Is the organization a charitable or non-profit organization?

- Yes
- No

2. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits and zoning)?

- Yes
- No - If No, please explain:

3. Describe the goal(s) or purpose(s) of the organization:

4. Does the organization have a current contractual relationship with the City of Salmon Arm? i.e. Lease of City lands, Contract for service etc.
- No
 - Yes - If Yes, please identify the agreement(s):

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5. Has the organization received grants from the City of Salmon Arm in the last 3 years? i.e. Grant-in-Lieu, Tax Exemption, Annual Grant
- No
 - Yes - If Yes, please indicate the following:

YEAR	TYPE OF GRANT	AMOUNT

6. Has additional funding for the request been secured?
- No
 - Yes - If Yes, please indicate the following:

NAME OF INDIVIDUAL OR ORGANIZATION	AMOUNT

7. List all Agencies to whom funding has been requested and note amount of request and status (approved, denied or pending) of application:

AGENCY	AMOUNT REQUESTED	DECISION

8. Please demonstrate the organization's financial need by submitting a budget for your request, if applicable.
- Financial Budget

C. BUDGET REQUEST
(For individual and organizational requests)

9. Describe your budget request: Value (if known): \$ _____

10. Is your request operational or capital in nature?
- Operational (i.e. covers day-to-day activities required to deliver services)
 - Capital (i.e. long-term investments in infrastructure and facilitates)

11. Have you submitted this request before?
- No
 - Yes - If Yes, please indicate when:

D. AUTHORIZATION

Signature:

Date:

Printed Name:

Position (if applicable):