## **PROPERTY INSPECTION / ARBORIST GRANT**

## **APPLICATION FORM**

Please complete **ALL** pages of the application form, adding additional pages if necessary.

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| **Applications: accepted throughout the year, however the project must be completed by December 31 of the current year.** | **Send application to:** Provincial Properties Committee Girl Guides of Canada-BC Council Email: BC-propertygrants@girlguides.ca |

This is an application for: **Property Inspection** [x]  **Arborist** [ ]  (please check as appropriate)

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| **PROJECT NAME** | Enter text |
| **AREA** | Enter text |
| **PROPERTY NAME**and physical address of property: | Enter text |
| Campsite or building name: | Enter text |
| Status of property: | [x]  Owned by Girl Guides of Canada  | [ ]  Leased by Girl Guides of Canada |
| Leased from: | Enter text | Expiry date: | Enter text |
| License of occupation: | Enter text | Expiry date: | Enter text |
| Renewal option: | Enter text |
| Age of the building/structure (if applicable) | Enter text |
| Is tree removal permitted within your community/lease/license [ ]  Y [ ]  N |
| **ANNUAL CAMPSITE/BUILDING USAGE** |
| Primary use of the property: | Enter text |
| Other uses: | Enter text |
| # of bed nights per year: | Enter text | # of person days per year (day use only) | Enter text |
| Is the property used year-round? [ ]  Yes [ ]  No  | Age of the building/structure (if applicable) | Enter text |
| If a campsite, in last calendar year: | How many residential camps? | Enter text | Tent camps? | Enter text |
| Is the property used for non-Guiding events? [ ]  Yes [ ]  No | What percentage of total use? | Enter text % |

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| **PROJECT DETAILS** |
| Outline the purpose and benefits of this project |
| Enter text |
| Provide a description of the project (please use additional paper if necessary and attach sketches, photos, campsite map or other helpful information) |
| Enter text |
| Provide name of Inspector/Arborist chosen; including their credentials and rationale for choice |
| Enter text |
| Planned project start date: | Enter text | Planned completion date: | Enter text |

 **FINANCIAL INFORMATION**

**Please attach (and check off):**

* Operating budget of the property for the year the project will be undertaken
* Real Property Management Plan, for five years forward (must include current year).
* Three estimates (or letter explaining why you have not included three) and attach a copy of credentials.

Note: Financial statements are no longer required, however the Area must provide written confirmation on the last page of this application that 100% of the funding for this project is available.

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| **BUDGET** |
| **Sources of funding**(must cover 100% of total project costs, and exclude BC Council grant) |
| Cash on hand designated for project: | Enter text |
| **Anticipated revenues** |
| Donations/Community grants: | Enter text | Source: | Enter text |
|  Assessment: | Enter text | Source: | Enter text |
|  Fundraising: | Enter text | Source: | Enter text |
| **TOTAL FUNDING:** | Enter text |
| **Projected project costs** |
| Labour: | Enter text |
| Materials, permits and other: | Enter text |
|  **7 %** PST: | Enter text |
|  **50% of 5% GST:** | Enter text |
| SUBTOTAL: | Enter text |
|  15% contingency: | Enter text |
| **TOTAL COST:** | Enter text |

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| Amount requested from BC Council (Lessor of 50% of total projected cost or $1,500): | $ Enter text |
| Date of Application: | Enter text |

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| **Project chairperson** |
| Enter text  |  |
| *Name*  | *Signature* |
| Enter text | Enter text |
| *E-mail address*  | *iMIS number* |

**AREA REPRESENTATIVE CONFIRMATION OF APPROVAL AND AVAILABLE FUNDING**

As representative(s) for the Area council(s) responsible for the property applying to this Property Inspection / Arborist Grant, I(we) confirm that this application has been reviewed and accepted by the Area. Further I(we) confirm that the Area is aware that the possible grant support from Girl Guides of Canada – BC Council will be the lessor of 50% of the total projected cost of the project, as per the budget included with in this application, or $1,500.

In lieu of submitting current financial statements for the Area, I(we) confirm that Area has sufficient funds available, and budgeted, to support the full cost of this project.

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| **Commissioners of Area councils responsible for property** |
| Enter text | Enter text |  |
| *Name* | *iMIS number* | *Signature* |
| Enter text | Enter text |
| *Email Address* | *Council name* |
| Enter text | Enter text |  |
| *Name* | *iMIS number* | *Signature* |
| Enter text | Enter text |
| *Email Address* | *Council name* |

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| **Office Use Only** |
|  |
| Date received by Properties Committee: | Enter text | Date approved byProperties Committee: | Enter text |
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