## **PROPERTY INSPECTION / ARBORIST GRANT**

## **APPLICATION FORM**

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

|  |  |
| --- | --- |
| **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** [ ]  **Arborist** [ ]  (please check as appropriate)

|  |  |
| --- | --- |
| **PROJECT NAME** |       |
| **AREA:** |       | **DISTRICT:** |       |
| Name and physical address of property: |       |
| Campsite or building name: |       |
| Status of property: | [ ]  Owned by Girl Guides of Canada  | [ ]  Leased by Girl Guides of Canada |
| Leased from: |       | Expiry date: |       |
| License of occupation: |       | Expiry date: |       |
| Renewal option: |       |
| Is tree removal permitted within your community/lease/license [ ]  Y [ ]  N |
| **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? [ ]  Yes [ ]  No  | Age of the building/structure (if applicable) |       |
| If a campsite, in last calendar year: | How many residential camps? |       | Tent camps? |       |
| Is the property used for non-Guiding events? [ ]  Yes [ ]  No | What percentage of total use? |       % |

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

 **FINANCIAL INFORMATION**

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

* Operating budget of the property for the year the project will be undertaken
* Annual reviewed financial statements (including Statement of Financial Position) of the property for the previous financial years and interim financial statements for the current year to date.
* Annual reviewed financial statement of council(s) responsible for the property and area councils for the previous year and interim financial statements for the current year to date.
* Asset 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.

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

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

|  |
| --- |
| **Project chairperson** |
|       |       |       |
| *Name*  | *Signature* | *E-mail address*  |
|       |       |       |
| *Street address* | *City* | *Postal code* |

|  |
| --- |
| **Commissioners of councils responsible for property** |
|       |       |       |
| *Name* | *Signature*  | *Council name* |
|       |
| *Email address* |
|       |       |       |
| *Name* | *Signature* | *Council* *name* |
|       |
| *Email address* |

|  |
| --- |
| **Area Commissioner(s) (***if property is District managed***)** |
|       |       |       |
| *Name* | *Signature* | *Council* *name* |
|       |
| *Email address* |

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