## **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**  **Arborist**  (please check as appropriate)

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| **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? | | | | | % |

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| **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.

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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: |  | | |
| **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:** | |  | |

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

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

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

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

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