



#301 – 990 Cedar Street, Campbell River, BC V9W 7Z8
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APPLICATION FORM GRANT-IN-AID

DATE: 24 June 2023

1. Name of Organization: Campbell River PD Support Group
Society # (if applicable) n/a Email Address: crparkinsons@gmail.com

2. Contact Person: Rick WALL Position: Facilatator
Mailing Address: 949 Timberline Drive, Campbell River, BC
Postal Code V9H 0A8 Telephone No: 250-923-3649

3. Purpose of Organization: To provides a positive and supportive environment for people living with Parkinson's and their caregivers.

4. If applicable, does your organization own any facilities/property?
() YES () NO

If yes, please give the legal description of the property:

5. Executives of Your Organization:

President/Chairperson: Rick Wall
Vice President/Vice Chairperson: Chris Kozakowski
Treasurer: Rick Wall

6. Current Membership: 33 # of Meetings per year: 12

7. Please describe the programs and activities that your organization sponsored in the last year (with dates):

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____
- (vi) _____

8. Has your organization received any of the following in the past?

	NO	YES				
grant-in-aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amount	\$ 600.00	Year	2023 Purpose Room Rental
permissive tax exemption	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amount	\$	Year	Purpose
waiver/reduction of fees and charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amount	\$	Year	Purpose

INFORMATION REQUIRED ABOUT THE REQUESTED GRANT

1. Total Grant-In-Aid Amount Requested from the regional district: \$ 600

2. Describe how the Grant-In-Aid will benefit the community:

Grant allows us to provide a venue for monthly meetings at the Campbell River Baptist Church. Meetings are open to anyone living with Parkinson's Disease, with posters distributed as follows: SRD, Campbell River Hospital (Wellness Centre), MLA's office, MP's Office and the Campbell River & District Adult Care Society

Project Start Date: 1 Jan 2024 End Date: 31 Dec 2024

3. Will the Project be available to the community at large? () YES () NO

4. Please include with your application, copies of the following:

- (a) Year to date and the immediately preceding years' financial statements;
- (b) Budget for the year in which the grant is being requested;
- (c) If available, the most recent annual report.

IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION REQUIRED, PLEASE TELEPHONE 250-830-6700.

R. Wall

Signature of Applicant

27 Jun 2023

Date

Office Use Only:			
Amount Approved:	\$	Date:	GL Code:

2023 Financial Statement

(Campbell River PD Support Group)

\$ 600

SRD Grant

28-Jan-23

Date	Amount	Remaining	Notes
21-Nov-22	\$50.00	\$550.00	Nov 22 mtg
18-Jan-23	\$50.00	\$500.00	Jan 23 mtg
08-Mar-23	\$100.00	\$400.00	Feb/Mar Mtg
18-Apr-23	\$100.00	\$300.00	Apr/May 23 mtg
25-May-23	\$50.00	\$250.00	Jun 23 mtg
04-Jun-23	\$50.00	\$200.00	Jul 23 mtg
	\$50.00	\$150.00	Aug 23 Mtg
	\$50.00	\$100.00	Sep 23 Mtg
	\$50.00	\$50.00	Oct 23 Mtg
	\$50.00	\$0.00	Nov 23 Mtg