

PUBLIC BUDGET REQUEST FORM

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

A. CONTACT INFORMATION
Name (or Organization): Salmon Arm Downtown Improvement Association
Mailing Address: PO Box 1928, 250 Shuswap St NE
City: Salmon Arm Postal Code: V1E 4P9
Primary Contact & Title: Jennifer Broadwell, Manager
Email: info@salmonarmdowntown Phone: 250.832.5440
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? Ves
3. Describe the goal(s) or purpose(s) of the organization:
Salmon Arm Downtown Improvement Association; "Business Promotion Scheme" means
i) carrying out studies or making reports respecting one or more business areas; ii) the improvement, beautification or maintenance of streets, sidewalks or municipally owned land, buildings or structures in one or more business improvement areas; iii) the removal of graffiti from building and other structures in one or more business improvement areas; iv) the conservation of heritage property in one or more business improvement areas; and v) the encouragement of business in one or more business improvement areas.

This information is being collected for the purpose of consideration for financial support. The City of Salmon Arm is collecting this information under s.26 (c) of the *Freedom of Information and Protection of Privacy Act*. For questions regarding the collection and use of personal information, please contact the Director of Corporate Services (250-803-4000).

service etc.	a current contractual relationship with the agreement (s):	ne City of Salmon Arm	? i.e. Lease of City lands, Contract for
CITY OF SALMON ARM	BYLAW 4357		
,			
Grant	I grants from the City of Salmon Arm in t If Yes, please indicate the following:	he last 3 years? i.e. Gra	nt-in-Lieu, Tax Exemption, Annual
YEAR	TYPE OF GRANT		AMOUNT
2023	Druntown Clean-Up		\$500
2022	Downtown Clean-Up		\$500
		,	
6. Has additional funding for th	e request been secured? If Yes, please indicate the following:		
NAME OF INDIVIDUAL OR ORGANIZATION			AMOUNT
7. List all Agencies to whom fu application:	ınding has been requested and note amo	ount of request and sta	itus (approved, denied or pending) of
AGENCY		AMOUNT REQUESTED	DECISION

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8. Please demonstrate the organization's financial need by submit Financial Budget	ting a budget for your request, if applicable.
C. BUDGET REQUEST (For individual and organizational requests)	
9. Describe your budget request:	Value (if known): \$
The Downlown Salmon Arm Board of Directors kindly requests the City of Salmon Arm to allocate monies in the 24 adding officer(s) will belster city-wide bylaw enforcement and increase enforcement in the downlown core especia agreement be made with CUPE to allow bylaw enforcement personnel working shifts that cover evening and week	024 budget to increase the Bylaw Enforcement personnel from the current 2 officers to at least 3 officer. We believe thy in regards to parking, overnight camping, unsightly property, and street solicitation. We also request that an end hours: especially in the downtown core.
	BC communities that are located near Salmon Arm or that have similar population numbers. The communities of not
REVELSTOKE Population 8,275 Bylaw officers: 3 Hours: M-F 8,30 am- 4:30 with optional weekend reporting	
VERNON Population: 44,519 Bylaw Officers: 6 Hours: M-F 8;30 am - 4:30 pm, additionally, calls for service will be answered until 10pm weekdays and on weeker	nds by an on-duly officer
LAKE COUNTRY Population: 11, 708 Officers: 2 full-time officers year round, 5 officers in summer months	
CRANBROOK Population: 20.499 Bylaw Officers: 3 officers (1 specific to downtown parking meters) Hours: MrF 8:30 am - 4:30 pm	
POWELL RIVER Population: 13, 943 Bylaw Officers: 2 full-time: 1 part-time Hours: Mon - Sun 8:30 am - 4:30 pm and 11 am - 7 pm	
SQUAMISH Population: 17,158 Bylaw Officers: 6 Hours: Mon-Sun 7 am - 9 pm	
WHITE ROCK Population: 21,939 Bylaw Officers: 3 full-time officers/7 casual officers Hours: Mon-Sun 8 am - 8 pm	
Thank you for your consideration of this request. While we do submit this on behalf of the Downtown business distr	ict, we believe this increase would have a positive affect across the entirety of the City of Salmon Arm.
2.12.18	
10. Is your request operational or capital in nature? Operational (i.e. covers day-to-day activities required to deli	ver services)
Capital (i.e. long-term investments in infrastructure and faci	litates)
11. Have you submitted this request before? Yes – If Yes, please indicate when:	
D. AUTHORIZATION	
Signature: Stoke July	Date: OCTOBER 16, 2023
Printed Name: JENNIFER BROADWELL	Position (if applicable): MANAGER

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