

PUBLIC BUDGET REQUEST FORM

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

A. CONTACT INFORMATION		
Name (or Organization): Jim & Wendy Neustaeter Mailing Address: 461-24th ST NE Salmon Arm,		
City: Salmon Arm Postal Code: V/E OC2		
Primary Contact & Title: Jrm - owner		
Email: gouda 360@gmail. com Phone: 250 - 803-2296		
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? Yes No		
2. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits and zoning)?		
Yes No - If No, please explain:		
3. Describe the goal(s) or purpose(s) of the organization:		

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).

No Yes – If Yes, please identify the agreement(s): 5. Has the organization received grants from the City of Salmon Arm in the last 3 years? i.e. Grant-in-Lieu, Tax Exemption Grant No Yes – If Yes, please indicate the following: YEAR TYPE OF GRANT AMOUN	
Grant No Yes – If Yes, please indicate the following:	
Grant No Yes – If Yes, please indicate the following:	
YEAR TYPE OF GRANT AMOUN	NT
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6. Has additional funding for the request been secured? No Yes – If Yes, please indicate the following:	
NAME OF INDIVIDUAL OR ORGANIZATION AMOUNT	
7. List all Agencies to whom funding has been requested and note amount of request and status (approved, denied o application:	or pending) of
AGENCY AMOUNT REQUESTED DECISION	N

8. Please demonstrate the organization's financial need by submittin Financial Budget	g a budget for your request, if applicable.
C. BUDGET REQUEST (For individual and organizational requests)	
9. Describe your budget request:	Value (if known): \$
We are reausting that co	uncil allocates funds
in the 2024 budget to 1	
behind Beatly Ave 300	
As currently being use	
property by essignifica	
311/321 Benty Ave -	
	,
10. Is your request operational or capital in nature? Operational (i.e. covers day-to-day activities required to delive	r services)
Capital (i.e. long-term investments in infrastructure and facilitation)	tes)
11. Have you submitted this request before? No Yes – If Yes, please indicate when:	
D. AUTHORIZATION	
Signature:	Date: <u>Sept 28/23</u>
Printed Name: Jim Heustasta	Position (if applicable): DWnev

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