

PUBLIC BUDGET REQUEST FORM

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

| Name (or Organization): Salmon Arm Fish and Game Club | | | | | | | |
|---|--|--|--|--|--|--|--|
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| Postal Code: V1E4P9 | | | | | | | |
| Primary Contact & Title: John Pickard President | | | | | | | |
| Phone: 250-517-7482 | | | | | | | |
| 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 | | | | | | | |
| cies, plans, bylaws and other applicable regulations (i.e. business licensing, n: | | | | | | | |
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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).

| 4. | 4. Does the organization have a current contractual relationship with the City of Salmon Arm? i.e. Lease of City lands, Contract for service etc. No ✓ Yes – If Yes, please identify the agreement(s): | | | | | |
|--|---|---------------|---------------------|--------|----------|--|
| Lease of city land | | | | | | |
| 5. | Has the organization received grants from the City of Salmon Arm in the last 3 years? i.e. Grant-in-Lieu, Tax Exemption, Annual Grant No Yes – If Yes, please indicate the following: | | | | | |
| | YEAR | TYPE OF GRANT | | | AMOUNT | |
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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 | | | | AMOUNT | | |
| | | | | | | |
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| | | | | | · | |
| 7. List all Agencies to whom funding has been requested and note amount of request and status (approved, denied or pending) application: | | | | | | |
| | AGENCY | | AMOUNT REQUESTED | | DECISION | |
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| 8. Please demonstrate the organization's financial need by submitting a budget for your request, if applicable. Financial Budget | | | | | |
|---|---|--|--|--|--|
| C. BUDGET REQUEST (For individual and organizational requests | | | | | |
| 9. Describe your budget request: | Value (if known): \$_5000.00 | | | | |
| the road into the range facilities. We hope this competitors for the competitions and will present | est funds to grade and apply dust control measures to improvement will enhance the experience for the ent a legacy for the Salmon Arm Fish and Game Club in en supplied by City staff based on thier expected cost to | | | | |
| 10. Is your request operational or capital in nature? Operational (i.e. covers day-to-day activities required to deliver services) Capital (i.e. long-term investments in infrastructure and facilitates) | | | | | |
| 11. Have you submitted this request before? No Yes – If Yes, please indicate when | : | | | | |
| D. AUTHORIZATION | | | | | |
| Signature: John Pickard | Date: Oct 17, 2023 | | | | |
| Printed Name: John Pickard | Position (if applicable): President | | | | |

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