

## NACFOR DONATION APPLICATION

### APPLICATION INSTRUCTIONS

- A. Please read NACFOR *Donation Policy* prior to completing this application.
- B. Applications are available:
- online through NACFOR's website: [www.nakuspcommunityforest.com](http://www.nakuspcommunityforest.com)
  - in hardcopy at NACFOR's office: 119 Broadway Street, Nakusp.
- C. Acceptable formats for completed application forms are:
- Download a copy (fill and save)
  - Handwritten (legible) onto printed copy of this form
- D. Required fields: All fields must be completed. If a field is not applicable, please enter N/A.
- E. Donation applications must be signed by an authorized representative.
- F. Submission: One (1) application per project. Submissions are accepted by email, mail and hand delivery.
- G. Attachments and supporting documentation are not to exceed two pages in total. (Project budget must be included with all applications of more than \$1,000, either in the space provided or as an attachment).
- H. NACFOR reserves the right to contact other persons or organizations for input into the proposed project.
- I. Inquiries and completed applications – please forward to:
- Nakusp and Area Community Forest  
119 Broadway Street  
P.O. Box 925, Nakusp, BC V0G 1R0  
Phone 250-265-3603, email [donations@nakuspcommunityforest.com](mailto:donations@nakuspcommunityforest.com)
- J. Receipt confirmations of e-mailed applications will be provided by return email. For other types of delivery, the proponent is responsible for confirming receipt.

# NACFOR DONATION APPLICATION

## THIS SECTION - NACFOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

**BOARD ADJUDICATION** \_\_ Meeting \_\_ eMail \_\_ Other

The Donation Application was:

\_\_ approved: \_\_ for the full amount for \$ \_\_\_\_\_ \_\_ not approved

Rationale: \_\_\_\_\_

## A. ORGANIZATION

Name of Organization responsible for the project

Organization's society/CRA registration

Contact person

Name:

e-Mail:

Position:

Phone:

### 5. Mailing address

Address

City

Postal Code

## ORGANIZATION HISTORY/ SPONSORING ORGANIZATION

If your organization is not a registered society or charity, please describe your history in the community to show your organization is established in the community.

If a secondary organization is sponsoring your project, they must provide a letter of support indicating their sponsorship of the project and explain how it aligns with their organization.

## B. GENERAL PROJECT INFORMATION

### PROJECT TITLE

### PROJECT DESCRIPTION (summary of the proposed activities):

**Anticipated Start Date:** \_\_\_\_\_

**Description:**

### LOCATION OF PROJECT OR LOCATION OF ORGANIZATION (refer to the attached map):

- ☐ Inside Village of Nakusp
- ☐ Area K North – Rural Nakusp to Halcyon and also Summit Lake Ski Hill
- ☐ Area K South – Arrow Park to Edgewood

### PROJECT FOCUS:

- ☐ Forestry Based Initiatives
  - ☐ Economic Development
  - ☐ Arts and Culture
  - ☐ Youth (☐ Sports Team ☐ Sports Club ☐ Youth Club ☐ Youth Organization ☐ Other)
- ☐ Environmental Programs
  - ☐ Recreation
  - ☐ Social Programs

☐ Other \_\_\_\_\_

**C. DONATION REQUEST** (The Board will determine cash value for in-kind goods, services and other.)

**Goods** are tangible items that can be seen and touched such as logs, books and pens. **Services** are provided by other people and include the cost of labour and the equipment used in providing the service.

**Cash** Requests of greater than \$1,000 must include a budget with any additional funding sources for the project listed under revenue (confirmed or unconfirmed).

| Cash Requests                                   |  |                                                                                  |  |
|-------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| Expenses                                        |  | Revenue (Including Other Funding Sources – Indicate if confirmed or unconfirmed) |  |
|                                                 |  | NACFOR Donation Request (Cash)                                                   |  |
|                                                 |  |                                                                                  |  |
|                                                 |  |                                                                                  |  |
|                                                 |  |                                                                                  |  |
|                                                 |  |                                                                                  |  |
| Total \$                                        |  | Total \$                                                                         |  |
| Net Funding (Revenue Needed to Cover Expenses): |  |                                                                                  |  |

| Non-Cash Requests (In-kind Goods and Services) |                                                   |           |               |                                         |            |
|------------------------------------------------|---------------------------------------------------|-----------|---------------|-----------------------------------------|------------|
| Request Type for non-cash requests             | Description<br>(use additional page if necessary) | Unit Type | Est# of Units | These columns to be completed by NACFOR |            |
|                                                |                                                   |           |               | Unit Rate (\$)                          | Total (\$) |
| NACFOR to donate in kind <b>GOODS</b>          | eg., logging truckload of firewood                |           |               |                                         |            |
| NACFOR to donate in kind <b>SERVICES</b>       |                                                   |           |               |                                         |            |
| Other type of donation requested - explain     |                                                   |           |               |                                         |            |
| <b>TOTAL</b>                                   |                                                   |           |               |                                         | \$         |

\*In-kind donations (i.e. logs, services, etc.) will be provided to the recipient in the year of request\*

Are there attachments to this application? \_\_\_ Yes \_\_\_ No

#### **D. RECOGNITION OF NACFOR'S DONATION**

**If your donation is approved, how will NACFOR's donation be acknowledged?**

\*NACFOR would like to receive photos of your project upon completion. Please forward some photos with your completed final report form to NACFOR. These photos may be used on our website or social media platforms. \*

#### **E. WAIVER OF LIABILITY**

The Recipient must indemnify and save harmless NACFOR, its employees and agents, from and against any and all losses, claims, damages, actions, causes of action, costs and expenses that NACFOR may sustain, incur, suffer or be put to at any time either before or after the expiration or termination of this Agreement, if the same or any of them are based on, arising out of or occur, directly or indirectly, by reason of any act or omission of the Recipient, or of any agent, employee, officer, director or sub-contractor of the Recipient pursuant to this Agreement, excepting always liability arising out of the independent negligent acts of NACFOR.

Without limiting its obligations or liabilities under this Agreement, and at its own expense, the Recipient shall obtain and maintain insurance as required to cover the risks it has assumed or may encounter as a result of entering into this Agreement or completing the Project.

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Signature of Authorized Representative

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Print Name and Position

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Date

