



Mayne Island Parks and Recreation Commission

411A Naylor Road, Mayne Island, BC VON 2J2

Application for Funding for 2025 Recreation Program

The completed form must be received at the above postal box address or by email to MIPRCTreasurer@crd.bc.ca NO LATER than July 31, 2025.

Mayne Island Parks & Recreation Commission (MIPRC) administers recreation funding on behalf of the Capital Regional District. The Commission is now accepting applications for Recreation Grants. Funds can be used to purchase program expenses such as moveable recreation equipment, operating supplies or room rentals. MIPRC will NOT fund capital projects or upgrades.

Part 1: Organization Information

Name of Organization:

Address:

Contact person:				
Phone Number:		Email:		
Org Years in Operation:		Number o	of Members:	
*(Cheques will b	be made payable in the na	me of your or	ganization as show	n above)
Part 2: Past Funding				
Has your organization prev	viously received funding	ng from the	e MIPRC? Yes	No
If yes, how was the mone	y spent?			
Refer to your original appl	ication goals; what re	sults were	achieved?	





Part 3: 2025/2026 Recreation Program/Event Information

Description of Recreation Program/Event to be funded: (Attach additional pages if required)			
Number of expected part	icipants in your program:		
nome of our	pee , ee. preg.e		
Program Start Date		Program End Date	
.			
_	n the public of the program	and invite them to attend	i.
How will you fulfil this requirement?			
You are required to public	cly acknowledge MIPRC's gr	rant. All advertising or pro	gram notices should carry
=	ment, "supported in part b	y MIPRC".	
How will you fulfil this re	quirement?		





Part 4: Financial Information

Please provide as much detail as possible.

Proposed Budget				
Anticipated Direct Costs of Event, Program or Activity				
Expenses	Amount	Description		
Facility Rental				
Marketing and Promotion				
Materials and Supplies				
Volunteer Expenses				
Equipment				
Other				
Earned Revenue, Contributions, Gift	s, Grants and In-Kind	d Support		
Revenues	Amount	Description		
Membership Income				
Program/Event Fee				
Donations				
In-kind support				
Other Grants				
Fundraising Income				
Total				
	ı			
Total Expense	-	Total Revenue = Grant Request		





Authorized Signatory Statement

best of my knowledge, all of the inform	nation that is provided in this application is true and c
Applicant Signature	Applicant Title & Organization
Applicant Name (Print)	 Date Signed

Collection Notice Statement

Personal information is collected by the Capital Regional District (CRD) under section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used to evaluate and administer the application for funding. Should you have any questions about the collection of this information, please email MIPRCTreasurer@crd.bc.ca.