

NAME OF ORGANIZATION:	FOLIO NUMBER:	
ORGANIZATION ADDRESS:		
MAILING ADDRESS:		
CONTACT PERSON NAME:	EMAIL ADDRESS	:
CONTACT PERSON TITLE:		
WEBSITE:	TELEPHONE:	
Please review the permissive tax exemption criteria on page 6 of this form. Is the applicant organization eligible to apply?	YES:	NO:
If "YES" was answered above proceed to answer the following questions.		
Is the organization a registered non-profit society or charity in British Columbia?	YES: □	NO:
Society or charity registration number:	#:	
Is the organization a registered business in British Columbia?	YES:	NO: □
Would the organization wish to present the Application to Council?	YES: □	NO: □
REQUIRED INFORMATION:		
Organizational Goals or Purpose:		



Programs and Services	Provided:
Programs and Services	Differentiation:
_	provided distinct from similar municipal and/or public services available to Colwood residents?
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Program and Services	Benefit to Colwood:
	ded by the organization enhance the quality of life for Colwood residents?
,	Economic – benefits that promote community economic health, development, or tourism;
Examples include:	 Social – social benefits to youth, seniors, or other community groups;
	 Cultural – heritage, educational, or other benefits which promote community cohesiveness;
	 Environmental – benefits to the ecological wellness of the municipality.
	Environmental – benefits to the ecological wellness of the maintipality.



Finance Department 3330 Wishart Road Victoria, BC V9C 1R2 (250) 478-5999 finance@colwood.ca

Accessibility Are your organizations' services accessible to all Colwood residents?
YES: NO: If no, please explain:
Compliance Is the organization in full compliance with local municipal bylaws, policies, plans, codes and regulations?
YES: \(\sigma\) NO: \(\sigma\) If no, please explain:
Additional Information
Use this area to include other information that may be pertinent to the application.



Funding Received

Include grants or other amounts received from any government or other organizations.

Funding Description	Amount of Grant	Years Received
	\$	
	•	
	Funding Description	

Impact to the Organization		
How would receiving a permissive tax exemption help the organization?		



PROPERTY INFORMATION:		Submit separate applicat	ions for each property.
Registered Owner:		Folio Number:	
Property Address:			
Principal Use of Property – What i	s the area occupied by the organiz	ation typically used for?	
Commercial Use of Property – Do	any profit generating activities occ	cur on premises at any point d	uring the year?
Third Party Use of Property, if any	– Provide information regarding l	eased areas on the property.	
Business Name:	Business Type:	Square footage of leased area:	Lease monthly rate:
			\$
Other Services Provided from this	Property:		



Please attach documentation	n of sufficient detail that indicates	through scale diagram or	written description:	
☐ Applicant property overa	Ill boundaries and dimensions, incl	uding square footage;		
☐ Location and size of imp	☐ Location and size of improvements including buildings, parking lots, and other public use areas;			
☐ Proportion of areas with	in the property used by the organi	zation to deliver services; ir	nclude square footage.	
STAFFING AND FEE INFORMA	ATION:		_	
Staffing		Number of Staff	Estimated Annual Hours	
Full-time employees				
Part-time employees				
Volunteers				
Approximate number of re	sidents served annually			
Residence - <i>Does anyone res</i> YES: \(\square \text{NO:} \square \text{If yes,} \)	ide at the property? please explain:			
Revenue or Fees Charged	Revenue or Fee Description		Amount	
<u>Examples:</u>			\$	
Membership fees				
 Admission fees 				
Rental feesOther fees				



	IENTATION CHECKLIST: the following required documentation.
	Organization's current year operating budget;
	Organization's most recent audited annual financial statements;
	Organization's most recent annual report;
	Recent copy of title certificate or lease agreement;
	Names of the organizations Board of Directors or similar if applicable.
Criteria	information below is provided for guidance and convenience only; refer to Section 224 of the Community Charter
or lega	Illy binding terms, and to the Council Policy for further requirements.
CRITERI	A
	emptions may be provided to registered charities or non-profit organizations for land or improvements owned or the following:
_	Charitable, philanthropic, or not for profit organizations;
	Religious organizations;
	Athletic or service club association;
	Seniors homes, independent schools or private hospitals;
	Arts, cultural or educational programs or facilities available to the public.
COUNC	IL POLICY EXCERPT
The p	urpose of this policy is to establish protocol surrounding permissive tax exemptions.
enhan	missive tax exemption is a mechanism for Council to provide economic support, by bylaw, to eligible organizations that ce community services. Council must be satisfied that the burden resulting from the permissive tax exemption is a justifiable se to City taxpayers.

*direct social and community services of benefit to City residents; or

Organizations must be a registered charity or non-profit organization and provide needed:

*direct arts and cultural services of benefit to City residents and that can reasonably be considered an extension of City-provided arts and cultural services; or

*direct recreational services to City residents that can reasonably be considered an extension of municipal recreational services.



POLICY: TAX001 (Adopted by Council: 2019-09-30)

Applications received that are incomplete, do not meet the criteria, or submitted after the deadline will not be considered. Please ensure all requested information is provided with the application prior to submission.

DECLARATION:

I am an authorized signing officer of the organization and I certify that the information given in this application is correct. Should a permissive tax exemption be granted on the above listed property, I agree to the following terms:

- If the property is no longer held or occupied by the organization, the organization will remit to the City an amount equal to the taxes that would have otherwise been payable to the City by a non-exempt owner.
- The property will be in compliance with all applicable municipal policies and bylaws.

The organization will publicly acknowledge the permissive tax exemption granted by the City.		
NAME:		
TITLE:		
SIGNATURE:	DATE:	
Personal information you provide on this form is collected to assist in a program re Information and Protection of Privacy Act (FOIPPA) and will only be used for relating accordance with the FOIPPA.	red purposes. Your name will be treated as public information; however your	

Please submit your organization's completed application to:

the Information & Privacy Coordinator at Colwood Municipal Hall, 3300 Wishart Road, Colwood. BC V9C 1R1, or by calling (250) 478-5999.

Manager of Finance City of Colwood 3300 Wishart Road, Victoria, BC V9C 1R1 Telephone: 250-294-8149

Email: kmclennan@colwood.ca