

Application Deadline: August 14, 2020

| NAME OF ORGANIZATION: | FOLIO NUMBER: | |
|--|---------------|-------|
| ORGANIZATION ADDRESS: | | |
| ORGANIZATION ADDRESS: | | |
| MAILING ADDRESS: | | |
| CONTACT PERSON NAME: | EMAIL ADDRESS | S: |
| CONTACT PERSON TITLE: | | |
| WEBSITE: | TELEPHONE: | |
| | | T |
| 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 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: |
| _ | rovided distinct from similar municipal and/or public services available to Colwood residents? |
| , , , , , , , , , , , , , , , , , , , | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 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 manicipality. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Com | plian | ce . | | | |
| | | | on in | full compliance with local municipal bylaws, policies, plans, codes and regulations? | |
| YES: | | NO: | | If no, please explain: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| Addit | tional | Inforr | natio | on | |
| | | | | de 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 applications for each property. | | |
|-----------------------------------|--|---|---------------------|--|
| Registered Owner: | | Folio Number: | Folio Number: | |
| Property Address: | | | | |
| rincipal Use of Property – What | is the area occupied by the organiz | ation typically used for? | | |
| | | | | |
| | | | | |
| ommercial Use of Property – Do | any profit generating activities occ | cur on premises at any point d | uring the year? | |
| | | | | |
| | | | | |
| hird Party Use of Property, if an | y – Provide information regarding l | eased areas on the property. | | |
| | | | | |
| | | | | |
| Business Name: | Business Type: | Square footage of leased area: | Lease monthly rate: | |
| | | | \$ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ther Services Provided from thi | s 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 | ovements including buildings, par | king lots, and other public ι | ise 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: | | | |
|----------|---|--|--|--|
| Attach t | 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 | | | |
| | information below is provided for guidance and convenience only; refer to Section 224 of the Community Charter lly binding terms. | | | |
| | lly binding terms. | | | |
| for lega | lly binding terms. | | | |
| for lega | Ily binding terms. | | | |
| for lega | Ily binding terms. A mptions may be provided for land or improvements owned or held by the following: | | | |
| for lega | A mptions may be provided for land or improvements owned or held by the following: Charitable, philanthropic, or not for profit organizations; | | | |
| for lega | A mptions may be provided for land or improvements owned or held by the following: Charitable, philanthropic, or not for profit organizations; Religious organizations; | | | |

COUNCIL POLICY EXCERPT

"The purpose of this policy is to allocate limited financial resources and give support to local organizations, within defined parameters; and to guide identification of properties meeting Council's objectives for property assessment exemption.

Council believes it does not have a mandate to spend Taxpayers dollars on charitable organizations or objectives. Council believes that if taxpayers wish to spend their money for this purpose then each individual taxpayer has the opportunity to do so without being compelled to support an organization through their tax dollars. Where Council does give financial support it is to further Council's objective of enhancing the quality of life (economic, social or cultural) in the City by assisting organizations that serve these objectives.

In that context Council may give limited financial support, with the overall amount determined annually during the development of the annual financial plan."



POLICY: TAX001 (Adopted by Council: 2009-11-23)

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 sold prior to the exemption expiration, 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 rela personal information will not be released except in accordance with the FOIPPA. C | ted 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: jhepting@colwood.ca