

Electoral Area C

Electoral Area Descriptions: Area A: rural Elk Valley

Area B: South Country

# Discretionary Grants-in-Aid Application Form

Section A – Applicant/Organization Information									
1.	1. Registered Non-Profit Organization No.: S0005694								
2.	Project Title: Wardner Cemetery Insurance								
3.	Ар	plicant/Organization. Must be an eligible applicant.							
	a)	Legal Name of Organization: Wardner Community Association							
	b)	Mailing Address: 6211 Cartwright Street							
	c)	City: Wardner	d)	Postal Code: V0B 2J0					
	e)	Main Contact for Application: Cathy Fox							
	f)	<b>Telephone #:</b> 250-919-2020	g)	Email: wardnerfoxes@gmail.com					
4.	Sp	Sponsored Organization. Only complete if applicable.							
	a)	Legal Name of Organization:							
	b)	Mailing Address:							
	c)	City:	d)	Postal Code:					
	e)	Main Contact for Application:							
	f)	Telephone #:	g)	Email:					
Section B – Grant Request									
1.	Enter the grant amount you are requesting from each electoral area.								
	Εk	ectoral Area A \$		Electoral Area E \$					
	Ek	ectoral Area B \$		Electoral Area F \$					

Office Use Only							
EAA	Recommendations	Board Resolution	Board Resolution				
A	E	Board Date:					
В	F	Resolution No:					
C \$1,545	G	Approved/Denied (\$):					
Total EAAC Recomme	ndation: <b>\$1,545</b>	Funding changes at Board from EAAC recommendation:					

Electoral Area G

\$

Total Funding Request: \$ 1,545

Area E: rural Kimberley, Wasa, Ta Ta Creek, Skookumchuck

Area F: rural Canal Flats to rural Invermere

Area G: Wilmer to Spillimacheen

1,545

Area C: rural Cranbrook, Moyie, Fort Steele, Bull River, Wardner

Personal information requested on this funding application is collected under the authority of section 26 of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and will be used by the Regional District of East Kootenay (RDEK) for evaluation of this application and administration purposes only. Disclosure of personal information by the RDEK is subject to the requirements of FOIPPA. For questions about the collection, use or disclosure of your personal information by the RDEK, contact the RDEK Corporate Officer at 19-24 Avenue South, Cranbrook, BC, V1C 3H8, 250-489-2791.

#### 2. Purpose of Grant.

Provide a clear description of the nature of the project and how the grant will be used.

This grant is to cover the cost of insurance for the cemetery which the Wardner Community Association

The Wardner Community Association assumed operation of the Wardner Cemetery in 2021 under and agreement with the RDEK.

When we took on this responsibility is was our understanding that the liability insurance would have been covered under the policy we had to cover the hall and park areas.

When we requested to have it included we were informed it needed to be a speparate policy.

The policy we have is the lowest cost we have been able to find.

The total income for the cemetery in the past year has been \$0.00.

Other funding sources we have are utilized for expenses related to our hall and ballpark areas.

### 3. Areas Benefitting.

List the specific areas that will benefit from the grant.

Area C

#### 4. Benefits.

Describe how the project will benefit the areas listed in section 3, including the residents of those areas, and how the project meets local needs.

The Historical Wardner Cemetery had fallen into disrepair over the years.

Now that the community has an agreement in place with the RDEK as well as additional area to work with we have been able to make improvements and design new areas for plots.

We experience very little income from the cemetery so this grant will help keep our community funding available for ongoing operations.

## Section C – Required Additional Information

All applications **must** include the following additional information:

#### **Project Budget**

• Provide a budget detailing revenue, expenditures and in-kind contributions. The budget must clearly show all funds received from other sources.

#### **Project Partners**

Identify any partners or resources which will be assisting you during this project.

Additional information is not to exceed 6 single-side pages or 3 double-side pages.

Proposals may be submitted by mail, email, fax or dropped off to:

Attention: Corporate Services
Regional District of East Kootenay
19 – 24 Avenue South, Cranbrook BC V1C 3H8

Email: corporateservicesdept@rdek.bc.ca Fax: 250-489-3498



# **HUB International Insurance Brokers**

Phone: (250) 426-8261 Fax: (250) 426-5056

Invoice #	3440015	Page 1 of 1		
ACCOUNT NU	MBER	DATE		
WARDCO	M-01	05/28/2024		
BALANCE DE	IE ON	AMOUNT DUE		
06/09/20	24	\$1,545.00 CAD		

\*\*\*ALL AMOUNTS SHOWN ARE CAD\*\*\*

Wardner Community Association Box 79 Wardner, BC V0B 1J0

# Pay My Bill Online

Visit our online portal to easily and securely pay your HUB invoice using your banking information (EFT)

www.hubinternational.com/paymybill

Commercial General Liability Policy Number: 0238923RE01 Effective: 06/09/2024 to 06/09/2025

item#	Effective	Due Date	Trans	Description	Amount
20404893	06/09/2024	06/09/2024	RENB	Commercial General Liability - Renewal	\$1,545.00
20404000				Policy Invoice Balance:	\$1,548.00

Total Invoice Balance: \$1,545.00 CAD

Premiums are due and payable on the effective date or the policy may be canceled if funds not received within 30 days of policy effective date. Your earliest remittance is appreciated.

Policies not required must be returned to our office for immediate cancellation. Not doing so will incur premium payable for coverage while the policy is in force. Holding the contract in your possession will be considered acceptance of the policy.



### ADDITIONAL PAYMENT OPTIONS

PAY BY CHEQUE

Please remit your payment to: HUB International

307 Cranbrook Street North Cranbrook, BC V1C 3R4 PAY BY ONLINE BANKING

(at participating institutions)

When adding us as a Payee search using keyword:

HUB Inti Barton

Your Bill To Code is: WARDCOM-01 (if your Bill To code contains a dash (-), please remove the dash for online banking) PAY BY CREDIT CARD Visa® or MasterCard®

Please contact your servicing HUB office for payments of \$5,000 or less. For payments greater than \$5,000, please visit the following website:

www.policypayments.com/HUBINTERNATIONAL?step2

Entry of Name, Phone # & Account # are required; your Bill To Code is your Account #. An administrative fee of 2% will be applied to your charge.

\*\*\* PREMIUM FINANCING OPTIONS MAY BE AVAILABLE UPON REQUEST; PLEASE CONTACT YOUR HUB REPRESENTATIVE \*\*\*

\*\*\* PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR CHECK, AND REFERENCE ON THE PAYMENT YOUR INVOICE # 3440015 \*\*\*