



CITY OF KAMLOOPS  
APPLICATION

FOR TAX EXEMPTION FOR NOT-FOR-PROFIT ORGANIZATIONS  
FOR THE YEARS 2020–2021 PURSUANT TO  
SECTION 224 OF THE COMMUNITY CHARTER

SUBMISSION DEADLINE: May 31, 2019

**GENERAL INFORMATION**

Name of Organization \_\_\_\_\_

Not-for-profit Organization or Society Registration No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Kamloops, BC \_\_\_\_\_  
*(Postal Code)*

Phone No. (including area code) \_\_\_\_\_

Annual Report Filed with the Provincial or Federal Government?

Yes \_\_\_ No \_\_\_ Date of Report Filed: \_\_\_\_\_

Organization Executive:

TITLE	NAME	PHONE NO.
President		
Secretary		
Treasurer		

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please answer the following: (Please reference attachments, if additional space is required.)**

1. The exemption claimed under Section 224 of the *Community Charter* is pursuant to Subsection 2, clause ( ). Please fill in the relevant clause from Section 224(2) (see attached).
2. Details of the service to the community performed by your organization (provide a brief description of the major programs/services/benefits delivered by your organization and the main user groups).

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Explain how your organization is a complementary extension of the City of Kamloops' services and programs.

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How is your organization not-for-profit?

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What fees are charged for admission and/or membership?

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3. Property information for which tax exemption is requested.

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<i>Folio #</i>	<i>Street Address</i>	<i>Legal Description</i>
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<i>Folio #</i>	<i>Street Address</i>	<i>Legal Description</i>
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4. For each building identified on your drawing, indicate the purpose and use(s) of the building:

Building 1: does it include housing?       Yes       No

If yes,

- a) How many units of housing? \_\_\_\_\_
- b) Type of housing (refer to definitions in application package)
  - Emergency shelter
  - Temporary supported
- c) Length of tenants' stay \_\_\_\_\_
- d) What are the monthly rents per unit?  
Unit type    1. \$ \_\_\_\_\_  
                  2. \$ \_\_\_\_\_  
                  3. \$ \_\_\_\_\_
- e) Is there a caretaker unit?       Yes       No  
If yes, provide a copy of the caretaker agreement.

Building 2: does it include housing?       Yes       No

If yes,

- a) How many units of housing? \_\_\_\_\_
- b) Type of housing (refer to definitions in application package)
  - Emergency shelter
  - Temporary supported
- c) Length of tenants' stay \_\_\_\_\_
- d) What are the monthly rents per unit?  
Unit type    1. \$ \_\_\_\_\_  
                  2. \$ \_\_\_\_\_  
                  3. \$ \_\_\_\_\_
- e) Is there a caretaker unit?       Yes       No  
If yes, provide a copy of the caretaker agreement.

5. Does your organization receive any income from rental or use of the building(s), parking lot(s), or other portions of the land (s)?

Yes       No

If "yes", indicate the amount of annual income for each and the total revenue from this source:

<u>Income Source</u>	<u>Annual Income</u>	<u>Hours per Day or Days per Week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List all licences held by your organization (e.g., licences under the *Community Care Facility Act* or the *Hospital Act*).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Identify the number of persons served by your organization within the City of Kamloops annually. \_\_\_\_\_

8. Is the organization run by volunteers, paid staff, or a combination of both?

a) Please state the number of volunteers and volunteer hours worked per year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Please list the number of paid staff who earn over \$75,000 per annum.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Has your organization received other grants in previous years from the City of Kamloops? Please indicate the year, type of grant, and amount for the past three years.

<u>Year</u>	<u>Type of Grant</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. List funding assistance and grants received from senior governments (provincial/federal), local governments (other than the City of Kamloops), crown agencies, and other funding agencies for the past three years.

<u>Name of Contributors</u>	<u>Year</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please list other sources of revenue not covered, such as membership fees charged or fundraising, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Provide information on applications for grants recently (2018/2019) applied for.

<u>Agency</u>	<u>Type of Grant Requested</u>	<u>Amount</u>	<u>Status (Approved, Denied, Pending)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. 2018 actual operating expenses \$ \_\_\_\_\_

14. 2019 annual operating budget of organization (Please attach a copy.) \$ \_\_\_\_\_

15. 2020 annual operating budget of organization (Please attach a copy of projected income and expense statement in a format consistent with your financial statements.) \$ \_\_\_\_\_

