

Date: May 31 2020Society Number: S0061259**APPLICANT INFORMATION**

Chetwynd Search and Rescue

- 1) Name of Organization: _____
- 2) Contact Person: Don Wheeler
- Position: President/SAR Manager
- Mailing Address: Box 1139 Chetwynd BC V0C 1J0
- Phone: 250-788-5446 Fax: _____
- Email: chetwyndsar@gmail.com
- Website: http://chetwynd.vr-sar.org

Please list our organization on the PRRD website as a "Local Community Group" Yes No (please check one)

3) Executives of Your Organization:**President/Chair**Name: Donald G Wheeler Phone: 250-788-5446 Email: chetwyndsar@gmail.com**Vice President/Vice Chair**Name: Alastair Atherton Phone: 250-601-0601 Email: drummerboyal@gmail.com**Treasurer**Name: Adam Gentry Phone: (250) 788-6040 Email: gentryadam1974@gmail.com**Secretary**Name: Melissa Lalonde Phone: (250) 401-3070 Email: mel_scott22@hotmail.com**4) Does your organization have at least one (1) member certified as a Search Manager? If so, please provide name and contact information.**Don Wheeler 250-788-5446 chetwyndsar@gmail.com**5) How many volunteers does your group have registered? 14****6) TOTAL volunteer hours accumulated by your group in the previous year: 260****7) Please describe the training activities (i.e., type of training, number of members who took part in training) and EMBC tasks (i.e., number of tasks, number of says per task, number of volunteers per task) that your team took part in over the last year. (If needed please attach this as a separate item to your application) 5 Task as listed**#00055 Moderly Lk Road #203302#00048 Murray River Missing canoes #202562#00050 Mackenzie Lost Boy OP 3 #202536#00049 Mackenzie 4 yr old missing OP1 #202536



- 8) Please provide a 5 year action plan for your organization.
Carry on with establishing a base (perment) for Chetwynd SAR

Year 1:

Send three member to be trained as Team Leaders

Year 2:

Send Two Members to carry on as SAR Manager

Year 3:

Recurit for Membership and Gsar Training

Year 4:

Recurit for Membership and Gsar Training

Year 5:

OPERATIONAL AND MINOR CAPITAL COSTS

- 9) Please describe the operational and/or minor capitals costs for which you are requesting funding. (If needed please attach this as a separate item to your application)

10) Total fixed costs requested from the Regional District:	\$ 6000.00
11) Total variable costs requested from the Regional District:	\$ _____.
12) TOTAL FUNDS requested from the Regional District:	\$ 6000.00

* Fixed costs are defined as costs that are incurred every year and generally remain constant in total regardless of changes in activity. Examples are rent, insurance, mail box rental, radio licenses.

** Variable costs are defined as costs that vary in total in direct proportion to changes in activity. Examples include new equipment, photocopying and training.

ATTACHMENTS

- Annual financial statements including current bank balance, savings, term deposits and GIC account information.
- Minutes of the most recent Annual General Meeting.
- Detailed annual budget including quotes for any minor capital purchases valued at over \$3,000.
- Completed Society Annual Report Form 11.
- Annual report detailing how Regional District grant funds were spent in the previous year.

SIGNATURE OF APPLICANT

Signature of Applicant