



**SECTION 1. CONTACT INFORMATION**

Organization Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

**SECTION 2. CONTACT INFORMATION – NEIGHBOURHOOD GROUP**

**Please note:** This section is only applicable to those applying on behalf of a neighbourhood group.

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3. ORGANIZATION INFORMATION**

Are you registered under the Society Act?  Yes  No Society Registration Number: \_\_\_\_\_  
 Are you a registered Charity?  Yes  No Charity Registration Number: \_\_\_\_\_

*\*Must provide society number and **Certificate of Good Standing** or Charity Registration Number and **CRA Canadian Registered Charities Details Page** showing charity status as registered*

Organization mission/mandate (500 characters max - **do not add extra pages**)

Brief history and role in benefitting residents of Greater Victoria (500 characters max - **do not add extra pages**)

How many paid staff at organization? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 How many volunteer staff at organization? \_\_\_\_\_ Total volunteer hours: \_\_\_\_\_

**SECTION 4. ORGANIZATION FINANCIAL INFORMATION**

Has the organization filed for bankruptcy or currently seeking credit protection?  Yes  No

Did your organization receive a grant from the City of Victoria in the prior year?  Yes  No

If yes, has the Final Report been completed?  Yes  No Only those organizations that have submitted a complete Final Report for evaluation will be considered for new funding.

Please list a summary of all sources of funding you receive and how is it used in your organization's annual budget. Also include all pending grant requests.

Funding Sources	\$ Amount	Use
City of Victoria		
<b>Organization's Annual Budget</b>		



**SECTION 5. PROJECT OR PROGRAM KEY OBJECTIVES**

What are the project or program key objectives and how will the organization measure success. This criteria will be used on the Final Report to measure the success of the project or program's objectives and the External Grant Review Committee will be evaluating based on the success using these measures.

Objective	Measure of Success

**SECTION 6. PROJECT OR PROGRAM INFORMATION**

When completing this section, please note the External Grant Review Committee will take into consideration the following:

- 1. Council's Weighted Strategic Plan Objectives
- 2. Weighted Assessment Criteria
  - a. Capacity of an organization to deliver the project (20%)
  - b. Evidence of need (20%)
  - c. Community impact (30%)
  - d. Project feasibility (30%)

Project or program title: \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

Brief description of the project or program and why the grant is needed. (1250 characters max - **do not add extra pages**)

Select the weighted Strategic Plan Objective that the project or program aligns with or supports (for further explanation of the objectives and outcomes, refer to the [2019-2022 Strategic Plan](#)).

- |  |  |
|--|--|
| Reconciliation and Indigenous Relations (4.75) | Health, Well-Being and a Welcoming City(4.50)          |
| Affordable Housing (6.00)                      | Climate Leadership and Environmental Stewardship(5.25) |
| Prosperity and Economic Inclusion (3.88)       | Sustainable Transportation (5.63)                      |
| Strong, Liveable Neighbourhoods (5.50)         |  |

If you have selected more than one weighted Strategic Plan Objective, we encourage applicants to select the **primary** objective that the project or program aligns with or supports.

- |  |   |
|--|---|
| Reconciliation and Indigenous Relations (4.75) | Health, Well-Being and a Welcoming City (4.50)          |
| Affordable Housing (6.00)                      | Climate Leadership and Environmental Stewardship (5.25) |
| Prosperity and Economic Inclusion (3.88)       | Sustainable Transportation (5.63)                       |
| Strong, Liveable Neighbourhoods (5.50)         |   |



# Strategic Plan Grant Application Form

Explain in detail how this project or program will meet and support the chosen City of Victoria's Strategic Plan objective.  
 (1250 characters max - **do not add extra pages**)

How many will benefit from the project or program? \_\_\_\_\_

What percentage of residents benefit from this project or program? City of Victoria \_\_\_\_\_% Greater Victoria \_\_\_\_\_%

## SECTION 7. PROJECT OR PROGRAM BUDGET

In 2019, Council approved \$491,315 Strategic Plan Grant awards ranging from \$2,250 to \$40,000 with the average grant awarded of just under \$11,700.

Total project or program amount requested: \$ \_\_\_\_\_ **Must equal Total Funding Sources on page 4**

Prepare a detailed breakdown of all budget expenses and funding sources below - **do not add extra pages.**

BUDGET EXPENSES	\$ Amount	Details (if applicable)
<b>Project or Program Costs</b>		
<b>A. Total Project or Program Expenses</b>		
<b>Administration</b>		
<b>B. Total Administrative Expenses</b>		
<b>TOTAL PROGRAM EXPENDITURES (A+B)</b>		<b>Should equal Total Program Funding Sources on page 4</b>
Administrative costs are capped at a maximum of 18% of total budget.		
Total percentage of administrative costs		



# Strategic Plan Grant Application Form

BUDGET FUNDING SOURCES	\$ Amount	Pending or Confirmed	Contact Person	Phone Number
<b>Government Funding - include pending requests</b>				
City of Victoria				
<b>A. Total Government Funding</b>				
<b>Corporate Sponsorships</b>				
<b>B. Total Corporate Sponsorships</b>				
<b>Matching Funds</b>				
<b>C. Total Matching Funds</b>				
<b>In-Kind Contributions</b>				
<b>D. Total In-Kind Contributions</b>				
<b>Waived Fees and Charges</b>				
<b>E. Total Waived Fees and Charges</b>				
<b>TOTAL PROGRAM FUNDING SOURCES (A+B+C+D+E)</b>				
		<u>Should equal Total Program Expenditures page 3</u>		

Partial funding may be available. Will the project occur without full funding by the grant?  Yes  No

If you do not receive full funding, what is the impact to the organization and project or program. Please provide an explanation below. (500 characters max - **do not add extra pages**)

## SECTION 8. PROJECT OR PROGRAM TIMELINE

To be eligible, projects or programs must be substantially completed within July 1 to the following June 30 each year.

Project or program dates From: \_\_\_\_\_ To: \_\_\_\_\_

Project or program location: \_\_\_\_\_



Project or program timeline and major milestones.

Date	Milestone

**SECTION 9. PROJECT OR PROGRAM VOLUNTEERING**

How many volunteers will work on this project or program? \_\_\_\_\_ Total volunteer hours required: \_\_\_\_\_

Can the project or program occur without volunteer support?  Yes  No

**SECTION 10. PUBLIC ACKNOWLEDGEMENT**

All grant recipients are required to publicly acknowledge the grant. How does your organization plan on publicly acknowledging the City's funding support?

- |  |   |
|--|---|
| <input type="checkbox"/> Website                 | <input type="checkbox"/> Sponsor Plaque |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Annual Report  |
| <input type="checkbox"/> Social Media            | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Newsletter              |   |

**SECTION 11. DECLARATION**

I am an authorized signing officer of the organization and I certify that the information given in this application is correct. I agree to the following terms:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• The organization will be in compliance with all applicable municipal policies and bylaws</li> <li>• The organization will publicly acknowledge the grant awarded by the City</li> <li>• The organization is in good standing with either: (1) the Province of BC as a registered Society or (2) the Canada Revenue Agency as a registered Charity</li> </ul> | <ul style="list-style-type: none"> <li>• The organization is not in arrears with the City</li> <li>• The organization is not in bankruptcy or seeking creditor protection</li> <li>• The grant application meets all the eligibility requirements of the City's Grant Policy</li> </ul> |
|---|---|

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date