



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		
Organization's Annual Budget		



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. Project Builds Community Resilience (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](#)).

- | | |
|--|---|
| <input type="checkbox"/> Affordable Housing (5.88) | <input type="checkbox"/> Strong, Liveable Neighbourhoods (5.25) |
| <input type="checkbox"/> Prosperity and Economic Inclusion (5.88) | <input type="checkbox"/> Health, Well-Being and a Welcoming City (5.00) |
| <input type="checkbox"/> Climate Leadership and Environmental Stewardship (5.38) | <input type="checkbox"/> Sustainable Transportation (4.75) |
| <input type="checkbox"/> Reconciliation and Indigenous Relations (5.38) | |

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.

- | | |
|--|---|
| <input type="checkbox"/> Affordable Housing (5.88) | <input type="checkbox"/> Strong, Liveable Neighbourhoods (5.25) |
| <input type="checkbox"/> Prosperity and Economic Inclusion (5.88) | <input type="checkbox"/> Health, Well-Being and a Welcoming City (5.00) |
| <input type="checkbox"/> Climate Leadership and Environmental Stewardship (5.38) | <input type="checkbox"/> Sustainable Transportation (4.75) |
| <input type="checkbox"/> Reconciliation and Indigenous Relations (5.38) | |



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 did you consider the impact of the under-served communities in the development of your program?
(1250 characters max – do not add extra pages)

How does the program advance Council's state values on equity?
(1250 characters max – do not add extra pages)

How does this program building community capacity and empower communities most impacted by inequities?
(1250 characters max – do not add extra pages)

How many people participate in or take advantage of the program for which you are seeking funding? _____

How many of those people live within the boundaries of the City of Victoria? _____

How many of those people live outside the City of Victoria but within the boundaries of the Capital Regional District? _____

How many will benefit from the project or program? _____ Please explain below.

(1250 characters max – do not add extra pages)



Strategic Plan Grant Application Form

What is the minimum level of funding required for the program or project to occur? Please provide an explanation below.
 (500 characters max – do not add extra pages)

SECTION 7. PROJECT OR PROGRAM BUDGET

In 2020, Council approved \$592,285 in Strategic Plan Grant awards ranging from \$1,500 to \$32,500 with the average grant awarded of just under \$10,000.

Total project or program amount requested: \$ _____
Must equal Total Funding Sources from City of Victoria on page 5

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

BUDGET EXPENSES	\$ Amount	Details (if applicable)
Project or Program Costs		
A. Total Project or Program Expenses		
Administration		
B. Total Administrative Expenses		
TOTAL PROGRAM EXPENDITURES (A+B)		Should equal Total Program Funding Sources on page 5
Administrative costs are capped at a maximum of 18% of total budget. Total percentage of administrative costs		



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BUDGET FUNDING SOURCES	\$ Amount	Pending or Confirmed	Contact Person	Phone Number
Government Funding - include pending requests				
City of Victoria				
A. Total Government Funding				
Corporate Sponsorships				
B. Total Corporate Sponsorships				
Matching Funds				
C. Total Matching Funds				
In-Kind Contributions				
D. Total In-Kind Contributions				
Waived Fees and Charges				
E. Total Waived Fees and Charges				
TOTAL PROGRAM FUNDING SOURCES (A+B+C+D+E)		Should equal Total Program Expenditures on page 4		

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"> • The organization will be in compliance with all applicable municipal policies and bylaws • The organization will publicly acknowledge the grant awarded by the City • 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 | <ul style="list-style-type: none"> • The organization is not in arrears with the City • The organization is not in bankruptcy or seeking creditor protection • The grant application meets all the eligibility requirements of the City's Grant Policy |
|---|---|

 Signature

 Position

 Name

 Date