



Parks
100 Cook Street
Victoria, BC V8V 0B9

250.361.0600
parks@victoria.ca
victoria.ca

Growing in the City **Volunteer Coordinator** **Grant Final Report**

HOW TO COMPLETE:

1. Complete **Final Report Form** in its entirety and send to parks@victoria.ca
2. Assemble required Documentation

Attach the following required documentation to ensure completion of the *Growing in the City* Volunteer Coordinator Grant Final Report.

- ☐ Documentation acknowledging the City of Victoria's funding support
- ☐ Photos from the garden activities and signed City of Victoria Media Release Forms.

SECTION 1. CONTACT INFORMATION

Non-profit Organization _____ Telephone: _____

Contact Person: _____ Telephone: _____

Mailing Address: _____ Email: _____

SECTION 2. GROWING IN THE CITY INFORMATION

***Growing in the City* Eligible Project Name** (if different than organization): _____

- 2A. Please describe the activities completed in the eligible garden project(s) this year. How did these deliverables align with the goals listed in your application?



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SECTION 3. VOLUNTEER DETAILS

Volunteer Outreach:

3A. Please describe the marketing activities and steps taken to obtain, retain and appreciate volunteers.

VOLUNTEER DATA:

3B. Report out on volunteer data-tracking including:

Volunteer Commitment:

Number of volunteers who attended once:	
Number of volunteers who attended bi-annual work parties:	
Number of volunteers who attended monthly work parties:	
Other?	
Total number of volunteers annually:	



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- 3C. Descriptions of volunteer activities at garden work parties including outcomes achieved (*Expectation: to fulfill a minimum of two volunteer work parties annually*)



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SECTION 4. GROWING IN THE CITY ELIGIBLE GARDEN PROJECT EVENT DETAILS

Workshops, Tours, Education Event Details:

4A. Please list the events executed this past year.

(Expectation: to fulfill a minimum of one public garden tour and one workshop annually).

Event Title:	Date:	Number of attendees:

Workshops, Tours, Education Event Details:

4B. Describe the tour, event, or workshop themes, activities, collaborative opportunities undertaken (name partner organizations), marketing strategies and outcomes achieved. Lessons learned are also welcome.

SECTION 5. COMMUNITY IMPACT

- 5A. Collect stories of impact – who benefits from the gardens? Share up to three stories of how the eligible gardening project has positively impacted a community member, volunteer or neighbour (each story is no more than 250 words max each).



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Please attach any relevant photos from the garden activities undertaken. Please have photo participants sign the City of Victoria Media Release Forms (see Media Release Form attached).

SECTION 6. PUBLIC ACKNOWLEDGEMENT

Have you acknowledged publicly the receipt of the *Growing in the City* Volunteer Coordinator Grant awarded by the City of Victoria?

☐ **Yes** – What method was used?

- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper advertisement |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sponsor plaque | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Other _____ | |

☐ **No** – How will the City of Victoria be publicly acknowledged and when? Date: _____

- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper advertisement |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sponsor plaque | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Other _____ | |

Please provide Documentation acknowledging the City of Victoria's funding support.

SECTION 7. DECLARATION

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

Signature of authorized officer of support organization

Position

Name

Date



Model Release Form

I hereby give the City of Victoria the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of me, or pictures in which I may be included in whole or in part, or reproductions thereof in colour or otherwise, made through any media, for art, advertising, publication, video, internet, trade or any other lawful purpose whatsoever, in the communication of information or promotion of the City of Victoria.

Description/use: Annual Report and/or promotional use for the City of Victoria

Model Name: _____
(PLEASE PRINT)

Parent/Legal Guardian: _____
(PLEASE PRINT)

Signature: _____

Date: _____

Please sign and return to:

Engage Department
City of Victoria
1 Centennial Square
Victoria, BC V8W 1P6