

Finance 1 Centennial Square Victoria, BC V8W 1P6 T 250.361.0245 E grants@victoria.ca victoria.ca

## Micro Grant Application Form

## **HOW TO APPLY:**

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION
Individual or Organization Name: Telephone:
Mailing Address: Email:
SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)
Organization Name:
Mailing Address:
Contact Person: Email: Telephone:
Registered under the <i>Society Act</i> or registered Charity?
SECTION 3. PROJECT OR PROGRAM INFORMATION  Project or program title:
Project or program location:
Which guidelines does this project or program fall under?   Boulevard Gardening Guidelines   Community Garden Policy
Is this project or program in compliance the Boulevard Gardening Guidelines or Community Garden Policy?    Yes    No
Description of the project or program, why the grant is needed, and how it aligns with or supports the <b>enhancement and steward of public spaces, green spaces, and food systems</b> strategic plan objective.
How many people will benefit from the project or program? Percentage of Greater Victoria Residents?%  What target audience will benefit?



Name

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SECTION 4. PROJECT OR PROGRAM FINANCIAL INFORMATION  What is the project or program: Total Cost \$ Amount Requested \$		MATION	
		Amount Requested \$	
How much is the	ne organization contributing? \$		
SECTION 5.	PROJECT OR PROGRAM TIMELINE		
Start Date:	Expected	d Completion Date:	
SECTION 6.	PROJECT OR PROGRAM VOLUNTEERING		
How many volunteers will work on this project or program?		Total volunteer hours:	
Can the project	t or program occur without volunteer support?	□ No	
SECTION 7.	PUBLIC ACKNOWLEDGEMENT		
	ents are required to publicly acknowledge the grant. Ho the City's funding support?	w do you or the support organization plan on publicly	
☐ Website	☐ Newspaper advertisement		
Social med	edia Newsletter		
☐ Sponsor p	plaque Annual Report		
Other			
SECTION 8.	DECLARATION		
	zed signing officer of the organization and I certify that t	the information given in this application is correct.	
I/We will be in compliance with all applicable municipal policies and bylaws			
<ul> <li>I/We organization will publicly acknowledge the grant awarded by the City (if applicable)</li> </ul>			
	n good standing with either: (1) the Province of BC as a istered Charity	registered Society or (2) the Canada Revenue Agency	
	not in arrears with the City of Victoria		
	not in bankruptcy or seeking creditor protection		
<ul><li>The grant</li></ul>	nt application meets all the eligibility requirements of the	e City's Grant Policy and related Grant Category Addendum	
		Relationship to support organization (if applicable)	
orginatare or irrai	an vidual	Tiolationomp to support organization (ii applicable)	
Name		Date	
Signature of authorized officer of support organization		Position	

Date