



Parks
100 Cook Street
Victoria, BC V8V 0B9

250.361.0600
parks@victoria.ca
victoria.ca

Growing in the City Volunteer Coordinator Grant Application Form

HOW TO APPLY:

1. Please review all the essential *Growing in the City* (GITC) information prior to applying, including:

- [GITC Volunteer Coordinator Grant Terms of Reference](#)
- [GITC Volunteer Coordinator Grant Checklist](#)
- [City of Victoria's Community Gardens Policy](#) (if applicable)
- [City of Victoria's Boulevard Gardening Guidelines](#) (if applicable)

2. Download this form and complete it in its entirety.

Note: Please only fill up the text boxes with the word count each box allows. A font size of 11 is preferred; a font size of 10 is the minimum font size permitted. Illegible, smaller font size will cause your application to be rejected. Additional attachments will not be accepted.

3. Save the form with the following naming convention: "application year_org name_GITC Vol Coor Grant Application" (e.g., 2022_NPNA_GITC Vol Coor Grant Application).

4. Attach the required documents listed in the [Volunteer Coordinator Grant Checklist](#) to ensure eligibility for funding.

5. Send the application and all required documentation to parks@victoria.ca.

SECTION 1. CONTACT INFORMATION

Non-profit Organization: _____

Contact Person: _____ Telephone: _____

Mailing Address: _____ Email: _____

Registered under the *Society Act* or registered Charity? Yes No Society/Charity Registration Number: _____

SECTION 2. GROWING IN THE CITY ELIGIBLE PROJECT INFORMATION

Garden project(s)' name(s): _____

Type(s) of eligible projects: Allotment Garden Commons Garden Community Orchard
 Community Boulevard Gardens Urban Food Tree Stewardship Program

Is this project in compliance the [Boulevard Gardening Guidelines](#) or [Community Gardens Policy](#) or [Urban Food Tree Steward Program](#)?

Yes No

Does the garden project have a licence of occupation with the City of Victoria, an agreement with a private landowner OR a Food Tree Maintenance Agreement' with the City of Victoria?

Yes (please attach) No



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2A. Please outline a short description of each garden project(s) i.e. community garden and list the goals/deliverables associated for each project for the upcoming year.

2B. How do the garden project(s) align with your organization’s mandate and the organization’s capacity to undertake these project(s)?



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SECTION 3. VOLUNTEER COORDINATOR DELIVERABLES

3A. Please describe the *Growing in the City* (GITC) Volunteer Coordinator role/job description with expected deliverables associated.

3B. Delineate if the *Growing in the City* Volunteer Coordinator position is:

- An Employee
 - Hourly: If hourly, what is the rate/hour _____
 - Salary: If salary, what percentage % of the job description? _____
- A Contractor (hourly or deliverables based)
 - Hourly: If hourly, what is the rate/hour? _____
 - Deliverables-based: paid how often? (i.e. monthly, bi-annually?) _____
- Receiving an Honorarium
 - When is the honorarium administered? (i.e. monthly, bi-annually, monthly?) _____

3C. Submit a Volunteer Outreach Plan: include description of marketing activities, steps planned to be taken to obtain, retain and appreciate volunteers.



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SECTION 4.

4A. Based on the categories below please provide a brief description of the tasks associated and insert the approximate amount of hours required for the year in each category.

Areas of need	Brief Description	Hours required
Starting up a new garden project		
Coordinating volunteers for the maintenance and upkeep of existing eligible projects		
Communication and marketing of volunteer opportunities		
Volunteer management, administration, evaluation and appreciation		
Planning and executing gardening and food-growing educational opportunities (i.e. workshops and/or events) for garden members and the public		
	Total Number of Hours:	

4B. What is the amount requested for the GITC Volunteer Coordinator Grant? \$ _____

	Please provide a brief description	\$ amount
\$ Volunteer Coordinator		
\$ up to 20% material costs		
\$ up to 5% workshop guest costs		
	Total Requested	

4C. Please briefly list any other sources of funding or revenue you are planning for, or have secured, for activities in the garden in the upcoming year, if any.



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SECTION 5. PUBLIC ACKNOWLEDGEMENT

All grant recipients are required to publicly acknowledge the grant. How do you or the support organization plan on publicly acknowledging the City's funding support? (please check all that apply).

- Website
- Newspaper advertisement
- Social media
- Newsletter
- Sponsor plaque
- Annual Report
- Other _____

SECTION 6. 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:

1. The grant application meets all the eligibility requirements of the GITC Volunteer Coordinator Grant's Terms of Reference and where applicable, the Community Garden Policy, Urban Food Tree Stewardship Program Guidelines, and/or the Boulevard Garden Guidelines.
2. The non-profit organization is not in arrears with the City.
3. The non-profit organization is in good standing with either (i) The Province of B.C. as a registered Society or (ii) The Canada Revenue Agency as a registered charity.
4. The activities listed will be carried out when and as described in the application. If there are significant changes to the activities or if the activities are not completed, I am responsible to notify the City of Victoria of any changes. If the activities are not completed, I am required to return the funds back to the City of Victoria.
5. I assume all liability for activities associated with the gardening project(s) implementation and for all life cycle costs described above.
6. The activities must comply with all applicable municipal policies, bylaws and requirements of the City of Victoria respecting use of City property.
7. I will submit a final report as specified by the City of Victoria.
8. I acknowledge that information contained in this application will become a matter for the public record and is subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act.

 Name of authorized signing officer

 Position

 Signature of authorized officer of support organization

 Date