Application Questions Worksheet
Parks, Recreation & Community Events

Do not upload this document as your application. *For draft purposes only.*
Please copy your answers to the individual spaces provided in the online grant system.

Application Questions

Please provide as much information as possible. For assistance in filling out this application, please refer to the Grant Program Guidelines.

General Information

This information is required for **all** applications.

Step 1: Applicant Information

Society Name
[Information Auto-Generated]

Society Number
[Information Auto-Generated]

Charitable Number

Society Website

http://

Contact Information

Please enter this information carefully. We will use it in future correspondence with you.

First Name*

Last Name*

Society Role/Title*

Address*

City*

Province*

Country*

[   ]

Postal Code*

[   ]

Phone No*

[   ]

Email

[*Information Auto-Generated]*

Purpose and Membership

What is your membership criteria?*

[   ]

Do you have an annual membership fee?
○ Yes
○ No

If yes, how much is your annual membership fee?

[   ]

Attach a list of the Board of Directors, Officers and Executive Directors of the Society, including their addresses and contact information*

[Choose File]   [Add File]

Maximum 3 attachments

Financial Information

Your Society's Budget	Last Complete Year	Current Year
Total Revenue	$	$
Total Expenses	$	$
Annual Surplus or (Deficit)	$	$
Accumulated Surplus or (Deficit)	$	$

Explanation for Annual Surplus or (Deficit)

Last Complete Year

[   ]

Current Year

[   ]

Explanation for Accumulated Surplus or (Deficit)*

[   ]

Attach Financial Statements for Last Year (include a balance sheet and statement of revenue and expenses, audited financial statements are preferred)*

[Choose File]   [Add File]

Maximum 3 attachments

Attach Operating Budget For Current Year*

[Choose File]   [Add File]

Maximum 3 attachments

If you do not have audited financial statement, explain why not

[   ]

Step 2: Grant Level Selection

Grant Level

Select a Grant Level

○ $5000 or Less Grant

    Are you applying for a single year, or for a multiple year funding cycle?

    ○ Single Year Funding

    ○ Multiple Year Funding (see <u>Grant Program Guidelines</u> for criteria)

        Please select one of the following:

        ○ Year 1 of 3

        ○ Year 2 of 3

        ○ Year 3 of 3

○ Over $5000 Grant

    Are you applying for a single year, or for a multiple year funding cycle?

    ○ Single Year Funding

    ○ Multiple Year Funding (see <u>Grant Program Guidelines</u> for criteria)

        Please select one of the following:

        ○ Year 1 of 3

        ○ Year 2 of 3

        ○ Year 3 of 3

Please use the Table of Contents to find the appropriate Application Form for the Grant Level you are applying for.

Medium Application Form

> This application is required for applicants applying for:
>
> - **Minor Request (≤ $5,000): Single Year Funding**
>   A single year grant of up to $5,000.

Step 3: Grant Proposal

Grant Information

Proposal Title*

Amount Requested*

$

Grant Purpose:
- ○ Operating Assistance
- ○ Community Service / Program / Event - Ongoing
- ○ Community Service / Program / Event - One-time Activity

For One-time Activity:

Start Date:

yyyy-mm-dd

End Date:

yyyy-mm-dd

Number To Be Served*

How Many Will Be Richmond Residents?*

How will these numbers be determined?*

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits)*

Please Identify Any City of Richmond Services You Currently Receive, The Estimated Value of Each And A Total Estimated Value (include use of facilities, subsidized rent, property tax relief, photocopying, staffing and others)*

[ ]

Proposed City Grant Budget

Indicate How The Proposed Grant Will Be Used

Item	Amt ($)
Personnel (Salaries and Benefits)	$
Consultant Services	$
Volunteer Support (e.g. expenses, recognition)	$
Office Rent or Mortgage	$
Utilities and Telephone	$
Supplies	$
Equipment	$
Photocopying	$
Program Materials	$
Local Travel	$
Other, provide details	$
[ ]	
Total:	$*[Information Auto-Generated]*

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week/Person
Full Time Employees		
Part Time Employees		
Volunteers (excluding board members)		

Financial Assistance From Other Sources

Is your society applying for funding from other sources (e.g. other grants, donations, financial assistance or sponsorships) regarding this grant proposal?

○ Yes
○ No

If yes, please provide information below:

_____

Funder Name 1*

[   ]

Amount*

[$]

Have They Confirmed The Funding*
○ Yes
○ No

Please Provide Details And How Will The Funding Be Used.*

[   ]

Funder Name 2*

[   ]

Amount*

[$]

Have They Confirmed The Funding*
○ Yes
○ No

Please Provide Details And How Will The Funding Be Used.*

[   ]

Funder Name 3*

[   ]

Amount*

[$]

Have They Confirmed The Funding*
○ Yes
○ No

Please Provide Details And How Will The Funding Be Used.*

[   ]

If You Have More Than 3 Funding Sources, Please Provide Additional Information Below*

[ ]

Do You Require A Grant For The Full Amount Requested To Implement The Proposal?
○ Yes
○ No

If You Receive A Grant For Part Of The Amount Requested, How Will It Be Used?*

[ ]

Total Proposal Funding

Description	Amount
Amount of City Grant Requested	$*[Information Auto-Generated]*
Amount Requested from Other Funders	$
Amount Your Society will Provide	$

Fee

Is there a fee charged for this Service or Program?
○ Yes
○ No

     If yes, please describe the fee and structure

     [ ]

     If not, why not?

     [ ]

Step 4: Partnerships

List all organizations that will partner with you, and add partnership information

Partner's name*

[   ]   [Add Partner]

Edit - Clicking Partner name or edit will allow you to enter/edit Partner details.

Edit Partnership Information

Organization Name*
[Information Auto-Generated]

Organization Website (Optional)
[http://   ]

Contact First Name*
[   ]

Contact Last Name*
[   ]

Contact Title*
[   ]

Phone No*
[   ]

Email*
[   ]

Roles and Activities:
(What will the Partner and your Society each contribute?)*
[   ]

Has this partner agreed that they will fulfill these roles and activities should funding be received, and provide written confirmation if requested?*
○ Yes
○ No

Attach Confirmation Of This Information From Your Partner (Optional)
[Choose File]   [Add File]

Step 5: Signing Officers

Board Member 1

First Name*

Last Name*

Society Role*

Board Member 2

First Name*

Last Name*

Society Role*

Signatures

Download and complete the Declaration and Signatures Form and attach the signed copy to your application here.

Completed Signature Form*

| Choose File | | Add File |

Review Application

[Information Auto-Generated]

Terms & Conditions

Reporting and Acknowledgement of Grant Benefits

- Those receiving a grant must provide an end of grant use report either one year following the receipt of the grant, or, if applying again, at the time that the new application is made.
- Mid-year progress and financial reports may be requested from those seeking annual grants.
- City support is to be acknowledged in all information and publicity materials pertaining to the funded activities. To receive an electronic copy of the City's logo, please contact staff at citygrants@richmond.ca.

Recuperation of Grant

If the grant is not used for the stated purpose, the full amount must be returned to the City.

No Appeal

Due to the high number of applications for limited funding, and since applicants may apply again the following year, there is no appeal of Council's decision.

Do you accept these terms and conditions?
○ Yes
○ No

———— End of Medium Application Form ————

Full Application Form

This application is required for applicants applying for:

• **Minor Request (≤ $5,000): Multi-Year Funding – Year 1**
The first year of a multi-year funding cycle for a grant of up to $5,000.
The applicant must have previously received a City grant for the same purpose for the past five consecutive years. Multi-year grant requests must be for the same purpose for each of the three years.

• **Major Request (> $5,000): Single Year Funding**
A single year grant of greater than $5,000.

• **Major Request (> $5,000): Multi-Year Funding – Year 1**
The first year of a multi-year funding cycle for a grant of greater than $5,000.
The applicant must have previously received a City grant for the same purpose for the past five consecutive years. Multi-year grant requests must be for the same purpose for each of the three years.

Step 3: Grant Proposal

Grant Information

Proposal Title*

Amount Requested*

$

Grant Purpose:
○ Operating Assistance
○ Community Service / Program / Event - Ongoing
○ Community Service / Program / Event - One-time Activity

For One-time Activity:

Start Date:

yyyy-mm-dd

End Date:

yyyy-mm-dd

Number To Be Served*

How Many Will Be Richmond Residents?*

How were these numbers be determined?*

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits)*

Please Identify Any City of Richmond Services You Currently Receive, The Estimated Value of Each And a Total Estimated Value (include use of facilities, subsidized rent, property tax relief, photocopying, staffing and others)*

Proposed City Grant Budget

Indicate How The Proposed Grant Will Be Used

Item	Amt ($)
Personnel (Salaries and Benefits)	$
Consultant Services	$
Volunteer Support (e.g. expenses, recognition)	$
Office Rent or Mortgage	$
Utilities and Telephone	$
Supplies	$
Equipment	$
Photocopying	$
Program Materials	$
Local Travel	$
Other, provide details	$

Total: $*[Information Auto-Generated]*

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week/Person
Full Time Employees		
Part Time Employees		
Volunteers (excluding board members)		

Financial Assistance From Other Sources

Is your society applying for funding from other sources (e.g. other grants, donations, financial assistance or sponsorships) regarding this grant proposal?

○ Yes

○ No

If yes, please provide information below:

Funder Name 1*

Amount*

$

Have They Confirmed The Funding*

○ Yes

○ No

Please Provide Details And How Will The Funding Be Used.*

Funder Name 2*

Amount*

$

Have They Confirmed The Funding*

○ Yes

○ No

Please Provide Details And How Will The Funding Be Used.*

Funder Name 3*

[ ]

Amount*

$[ ]

Have They Confirmed The Funding*
○ Yes
○ No

Please Provide Details And How Will The Funding Be Used.*

[ ]

If You Have More Than 3 Funding Sources, Please Provide Additional Information Below*

[ ]

Do You Require A Grant For The Full Amount Requested To Implement The Proposal?
○ Yes
○ No

If You Receive A Grant For Part Of The Amount Requested, How Will It Be Used?*

[ ]

Total Proposal Funding

Description	Amount
Amount of City Grant Requested	$*[Information Auto-Generated]*
Amount Requested from Other Funders	$
Amount Your Society will Provide	$

Fee

Is there a fee charged for this Service or Program?
○ Yes
○ No

If yes, please describe the fee and structure

[ ]

If not, why not?

[   ]

Step 4: Partnerships

List all organizations that will partner with you, and add partnership information

Partner's name*

[   ]   [Add Partner]

Edit - Clicking Partner name or edit will allow you to enter/edit Partner details.

Edit Partnership Information

Organization Name*
[Information Auto-Generated]

Organization Website
[http://]

Contact First Name*
[   ]

Contact Last Name*
[   ]

Contact Title*
[   ]

Phone No*
[   ]

Email*
[   ]

Roles and Activities:
(What will the Partner and your Society each contribute?)*
[   ]

Has this partner agreed that they will fulfill these roles and activities should funding be received, and provide written confirmation if requested?*
○ Yes
○ No

Written confirmation of this information from your partner (e.g. letter or email)**

Choose File		Add File

Step 5: Community Needs

The need for operating expense, program, etc

Have you determined the need for this particular operating expense, program, etc?*
○ Yes
○ No

If yes, describe the method used to establish need and the results

☐

Identify The Primary Populations Your Proposal Will Benefit

Primary Population(s) Served*

☐ General Population

Number Of Persons In This Group Who Will Benefit*

☐

Number Of Richmond Residents In This Group Who Will Benefit*

☐

☐ Neighbourhood

Name of Specific Neighbourhood(s)*

☐

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

☐

Number Of Persons In This Group Who Will Benefit*

☐

Number Of Richmond Residents In This Group Who Will Benefit*

☐

☐ Children

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

[   ]

Number Of Persons In This Group Who Will Benefit*

[   ]

Number Of Richmond Residents In This Group Who Will Benefit*

[   ]

☐ Youth

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

[   ]

Number Of Persons In This Group Who Will Benefit*

[   ]

Number Of Richmond Residents In This Group Who Will Benefit*

[   ]

☐ Seniors

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

[   ]

Number Of Persons In This Group Who Will Benefit*

[   ]

Number Of Richmond Residents In This Group Who Will Benefit*

[   ]

☐ Families

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

[   ]

Number Of Persons In This Group Who Will Benefit*

Number Of Richmond Residents In This Group Who Will Benefit*

☐ Women

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

Number Of Persons In This Group Who Will Benefit*

Number Of Richmond Residents In This Group Who Will Benefit*

☐ Other
Please specify:

Indicate A Specific Subset Of This Group That You Are Targeting (e.g. immigrants, mental health)

Number Of Persons In This Group Who Will Benefit*

Number Of Richmond Residents In This Group Who Will Benefit*

Summary (how will your proposal benefit these groups)*

Unique Service

Is a Similar Program, Service Or Event Already Offered to Richmond Residents By Another Society?*
○ Yes
○ No

If yes, how is your program different?

[ ]

If yes, have your contacted the society to see how you might work together?
○ Yes
○ No

If yes, what were the results?

[ ]

Step 6: Community & Society Benefits

Community Benefits

Explain How Your Grant Will Meet The Following Objectives (check all that are applicable) *

☐ Promoting The City's Vision:
"to be the most appealing, livable and well-managed city in Canada"
☐ Inclusion
☐ Social Equity
☐ Volunteerism
☐ Wellness
☐ Innovation
☐ Build Individual Capacity
☐ Build Organizational Capacity
☐ Build Community Capacity
☐ Neighbourhood Connectedness
☐ Citizen Engagement
☐ Provide Social Sustainability
☐ Provide Economic Sustainability
☐ Provide Environmental Sustainability
☐ Other
Please specify:

[ ]

Describe How Your Proposal Will Provide These Community Benefits*

[ ]

Society Benefits

How Will The Grant Benefit Your Society? (check all that are applicable)*

☐ Improve Quality Of Service
☐ Maximize Number Served
☐ Promote Partnerships
☐ Leverage Funding
☐ Support Stable, Capable Services
☐ Other
    Please specify:

Explain How This Proposal Will Benefit Your Society*

Step 7: Measuring Outcomes

Identify The Goals, Objectives, Deliverables and Outcome Measurements Of Your Proposal

Goal*

Edit - Clicking Goal name or edit will allow you to enter/edit Goal details.

Edit Goal Information

Goal Name*
[Information Auto-Generated]

Objectives*

Deliverables*

Outcome Measurement*

Step 8: Signing Officers

Board Member 1

First Name*

[   ]

Last Name*

[   ]

Society Role*

[   ]

Board Member 2

First Name*

[   ]

Last Name*

[   ]

Society Role*

[   ]

Signatures

Download and complete the Declaration and Signatures Form and attach the signed copy to your application here.

Completed Signature Forms *

[Choose File]   [Add File]

Review Application

[Information Auto-Generated]

Terms & Conditions

Reporting and Acknowledgement of Grant Benefits

- Those receiving a grant must provide an end of grant use report either one year following the receipt of the grant, or, if applying again, at the time that the new application is made.
- Mid-year progress and financial reports may be requested from those seeking annual grants.

- City support is to be acknowledged in all information and publicity materials pertaining to the funded activities. To receive an electronic copy of the City's logo, please contact staff at citygrants@richmond.ca.

Recuperation of Grant

If the grant is not used for the stated purpose, the full amount must be returned to the City.

No Appeal

Due to the high number of applications for limited funding, and since applicants may apply again the following year, there is no appeal of Council's decision.

Do you accept these terms and conditions?
○ Yes
○ No

———— End of Full Application Form ————

Short Application Form

This application is required for applicants applying for:

- **Minor Request (≤ $5,000): Multi-Year Funding – Year 2 or Year 3**
  The second or third year of a multi-year funding cycle for a grant of up to $5,000.
  The applicant must have previously received a City grant for the same purpose for the past five consecutive years. Multi-year grant requests must be for the same purpose for each of the three years.

- **Major Request (> $5,000): Multi-Year Funding – Year 2 or Year 3**
  The second or third year of a multi-year funding cycle for a grant of greater than $5,000.
  The applicant must have previously received a City grant for the same purpose for the past five consecutive years. Multi-year grant requests must be for the same purpose for each of the three years.

Please check last year's grant letter to confirm if you received a Year 1 grant for a Multi-Year Funding cycle. Only submit a Short Application Form for Year 2 or Year 3 if you were previously approved for a Year 1 grant for a Multi-Year Funding cycle. Otherwise, the Review Committee will not have enough information to consider your application.

Step 3: Grant Proposal Update

Amount Requested*

$

Proposal Information

Proposal Title*

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits)*

Please review your Year 1 application and explain and/or attach information regarding any changes that will impact grant use.*

and/or

Choose File		Add File

Maximum 3 attachments

7795908

Number To Be Served*

How Many Will Be Richmond Residents?*

How will these numbers be determined?*

Step 4: Signing Officers

Board Member 1

First Name*

Last Name*

Society Role*

Board Member 2

First Name*

Last Name*

Society Role*

Signatures

Download and complete the Declaration and Signatures Form and attach the signed copy to your application here.

Completed Signature Form*

Choose File		Add File

Review Application

[Information Auto-Generated]

Terms & Conditions

Reporting and Acknowledgement of Grant Benefits

- Those receiving a grant must provide an end of grant use report either one year following the receipt of the grant, or, if applying again, at the time that the new application is made.
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Recuperation of Grant

If the grant is not used for the stated purpose, the full amount must be returned to the City.

No Appeal

Due to the high number of applications for limited funding, and since applicants may apply again the following year, there is no appeal of Council's decision.

Do you accept these terms and conditions?
○ Yes
○ No

———— End of Short Application Form ————