City of Richmond

Health, Social and Safety Grant
Applicant Worksheets

Richmond

Purpose of the Applicant Worksheets

This document provides applicants with a complete list of questions included in the Health, Social and Safety (HSS) Grant eligibility form, application forms for both the operating and project streams, and grant use report forms. It is designed to help applicants prepare and draft their responses before submitting materials through the online grant application system at https://CityGrants.richmond.ca.

Before You Apply

- Review the **grant guidelines** carefully to ensure your proposal aligns with grant eligibility criteria and the City's strategic priorities, and to determine which City Grants Program best fits your proposal.
- Attend a **grant information session** to learn more about program updates and strategies for submitting a strong application.
- Download and use the **applicant worksheets** to draft your responses before completing the online application, and ensure your responses are within the **specified word limit**.
- Gather all required **supporting documents** before starting your application.
- Provide **clear and specific information** about your proposed activities, timelines, target population, intended outcomes and evaluation plan.
- Ensure your proposed **budget is realistic** and aligns with the scope of your proposal.
- Review your application carefully for **completeness and accuracy** before submitting.
- Submit your application **before the deadline** as late submissions will not be accepted.

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Section 1: Application Intake Stage

HSS Eligibility Form

1. Are you a registered non-profit and/or charitable organization?
   - ○ Yes
   - ○ No

2. Has your organization been in operation for a minimum of twelve months?
   - ○ Yes
   - ○ No

3. Does your organization have a governing board or equivalent leadership structure?
   - ○ Yes
   - ○ No

4. Does your grant proposal primarily serve Richmond residents?
   - ○ Yes
   - ○ No

5. Has your organization received a form of operating and/or ongoing financial support from the City in the last year, including but not limited to core funding, annual operating grants (excluding the City Grants Program), service or facility use agreements, including nominal leases, permissive tax exemptions or staffing supports?
   - ○ Yes
   - ○ No

To proceed with the application, you must meet the eligibility requirements in **Questions 1-4** and answer "Yes" to each question. If you answer "No" to any of Questions 1-4, you will receive an email indicating that you are not eligible for the HSS Grant Program.
If you answer "Yes" to **Question 5**, you will only be eligible to apply to the Project Stream.

This completes the HSS Eligibility Form. Please submit your responses through the online grant application system.

HSS Application Form (Operating Stream)

HSS Organization Summary

Part A – Applicant Information

Organization Name:	
Address:	
City:	
Postal Code:	
Primary Contact:	
Position:	
Email:	
Phone:	
Website:	

Part B – Organizational Credentials & Governance Documents

Are you a:

- ☐ Registered non-profit society
- ☐ Registered charity

Society Number:	
Incorporation date (YYYY/MM/DD):	

Please upload your Certificate of Incorporation (must match your organization's current legal name) and Certificate of Name Change (if applicable): [Maximum 2 attachments]

Minimum: 1 **Maximum:** 2

Charitable Number:	
Charitable registration date (YYYY/MM/DD):	

Please upload your Notification of Registration (proof of charitable status under the Income Tax Act): [Maximum 2 attachments]

Minimum: 1 **Maximum:** 2
Required Documents:

Please upload the following required documents. [Maximum 3 attachments]

- Current constitution (or equivalent)
- Current bylaws
- Current list of Board of Directors, Officers and Executive Directors (include addresses and contact information)

Minimum: 1 **Maximum:** 3

Part C – Organizational Overview

Describe your organization's mission, purpose and how they relate to the needs of Richmond residents. [Maximum 150 words]

How many staff are part of your organization?

Staff	Number of Staff	Avg Hours Per Week
Full-time employees		
Part-time employees		

How does your organization ensure that its programs and services are inclusive, equitable and supportive of people of all ages, abilities, sexual orientations, gender identities, ethnicities, cultural backgrounds, under-represented groups and socio-economic conditions (except when a program must focus on a specific group to meet their needs effectively). [Maximum 150 words]

Part D – Organizational Financial Position

Please upload your operating budget for the current year. [Maximum 2 attachments]

Minimum: 1 **Maximum:** 2

Total operating budget for current year:

Please select one of the following types of financial statements to upload:

- ○ Audited financial statements from the last completed fiscal year signed by external auditors
- ○ Review engagement report from the last completed fiscal year signed by external auditors
- ○ Compilation engagement report from the last completed fiscal year signed by external auditors
- ○ Financial statements from the last completed fiscal year endorsed by two signing officers of the Board of Directors

Upload a file: Based on selection above

Last fiscal year end date (YYYY/MM/DD):	
Total revenue from last fiscal year:	
Total expenses from last fiscal year:	
Annual surplus or deficit (excess of revenue over expenses for the year):	
Net assets (excess of total assets over total liabilities):	
Unrestricted net assets only (funds held by the organization that are not designated for a specific purpose):	

Explain why your organization's unrestricted net assets cannot be used to fund this grant proposal. [Maximum 150 words]

Please indicate if you have received any form(s) of City support (cash and City services) in the last year, including but not limited to the following:

- ☐ None
- ☐ Contribution agreement, service agreement or contract
- ☐ Other City grants (e.g. Environmental Enhancement and Food Security, Community Celebration Grant)

- ☐ Property tax exemption
- ☐ In-kind space
- ☐ Other (please specify)

Please provide additional details in the table below (where applicable)

City Support	Description	Amount
Contribution agreement, service agreement or contract		
Other City grants		
Property tax exemption		
In-kind space		
Other (please specify)		

Total Amount: *Auto-calculated*

HSS Grant Proposal (Operating)

Funding is disbursed in March 2027 and must be used within one year of receipt.

Part A – Grant Request

Amount requested:

Please note that under the City Grant Program Policy 3712, the HSS Grant stream has a maximum award limit of $50,000 per applicant.

Why is operating assistance needed? Describe how this funding will be used. [Maximum 250 words]

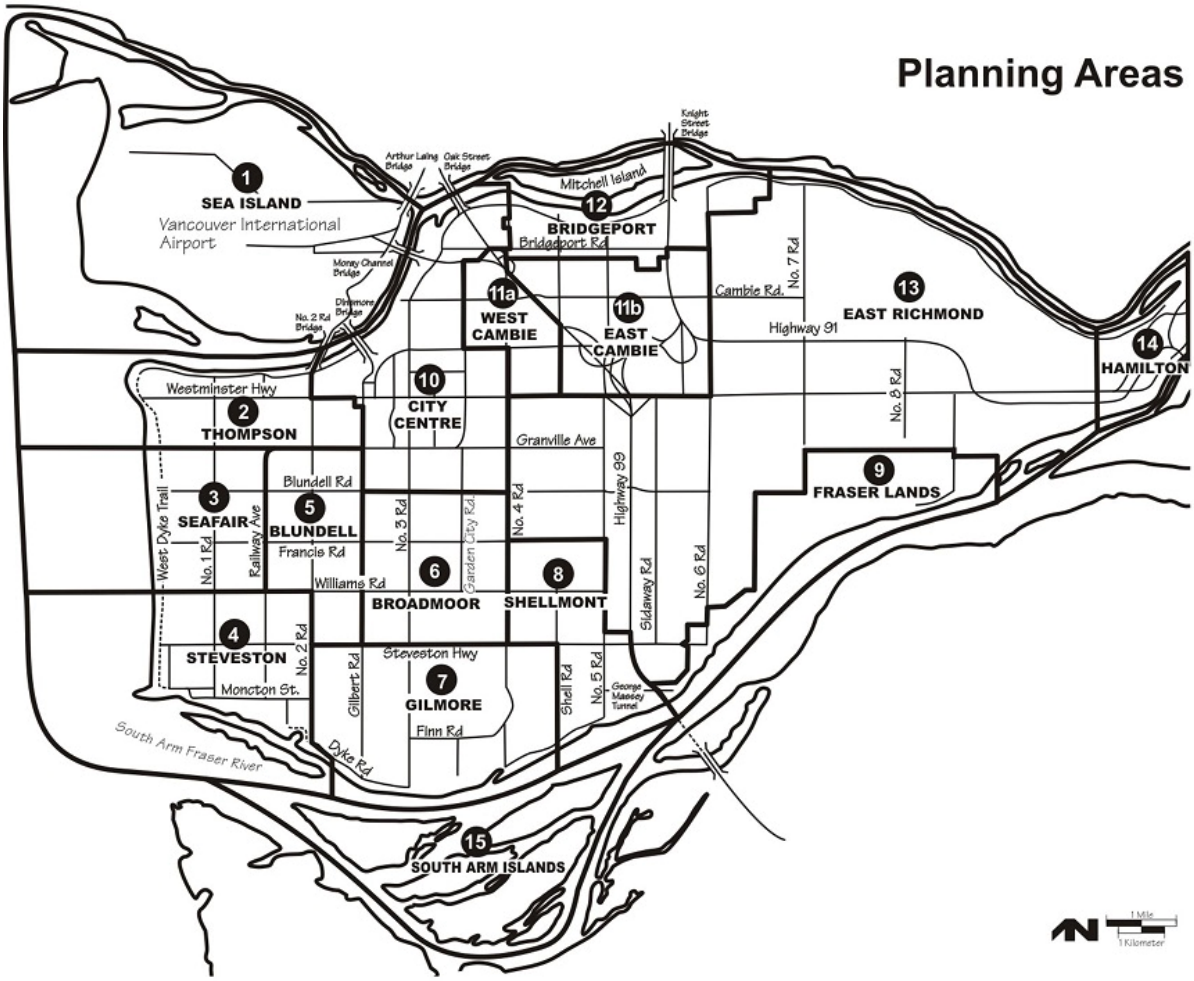
How many individuals will your proposal serve?

How many Richmond residents will your proposal serve?

% of total to be served who are Richmond residents: *Auto-calculated %*

How does your organization calculate the number of individuals served? Explain your method and indicate whether the figure reflects unique individuals or total service interactions. [Maximum 150 words]

Please select the Richmond neighbourhood(s) where your organization primarily delivers programs and services. Choose "Richmond-wide" only if your organization does not focus on specific neighbourhoods.



- ☐ Richmond-wide (no geographic focus)
- ☐ 1. Sea Island
- ☐ 2. Thompson
- ☐ 3. Seafair
- ☐ 4. Steveston
- ☐ 5. Blundell
- ☐ 6. Broadmoor
- ☐ 7. Gilmore
- ☐ 8. Shellmont
- ☐ 9. Fraser Lands
- ☐ 10. City Centre
- ☐ 11a. West Cambie
- ☐ 11b. East Cambie
- ☐ 12. Bridgeport
- ☐ 13. East Richmond

Which of the following priority area(s) does your proposal address? [Please select all that apply]

- ☐ **Improve access to basic needs:** Support residents in accessing services and resources that help meet their basic needs, such as food and housing.
- ☐ **Enhance inclusion and belonging:** Foster a welcoming and inclusive community by celebrating Richmond's diversity, strengthening cross-cultural understanding and promoting mutual respect.
- ☐ **Foster a safe, resilient and accessible community:** Create accessible and supportive environments while strengthening social connections and community resilience.
- ☐ **Strengthen community voice and engagement:** Increase access to information and create opportunities for residents to participate in community decision-making.
- ☐ **Empower community capacity for collective action:** Promote collaboration across community organizations, sectors and other levels of government to develop coordinated responses to Richmond's social needs.

Explain how your proposal will advance the selected priority area(s). Describe the outcomes you expect to achieve and include any quantitative or qualitative data that supports your approach and anticipated impact. [Maximum 250 words]

What makes your organization's programs and services or project unique? Describe how they/it differ(s) from or complement(s) existing services in Richmond. [Maximum 150 words]

How will your organization evaluate the effectiveness of your proposal? Include the indicators used to measure success. [Maximum 250 words]

How will your organization maintain financial viability or how will your project be sustained once grant funding ends? Describe the strategies, revenue sources or partnerships that will support ongoing operations. [Maximum 250 words]

Part B – Grant Budget

Please include further details in the description column (where applicable), e.g. Salaries, fees and benefits for staff: "Includes 2 full-time [position names] at $/hr x hr/week x total weeks."

Expense Items	Description	Grant Request
Salaries, fees and benefits for staff (incl. rate of pay and duration of work)		
Office rent (incl. monthly rate)		
Utilities		
Consultant services		
Supplies		
Equipment (purchase and/or rental)		
Volunteer support		
Other (please specify)		

Grant Request Total: *Auto-calculated*

HSS Partnerships & External Funding

Part A – Community Partnerships

Describe the key partnerships and/or collaborative relationships that your organization has established to support the success of your proposal.

	Partner Organization	Contact (incl. name, title, phone and email)	Nature of partnership (e.g. roles, commitments, activities)
1			
2			
3			
4			
5			

Optional: Attach support letters and/or emails outlining partnership details. For applicants with more than five partners, please include details about any additional partners as an attachment. [Maximum 6 attachments]

Maximum: 6

Part B – Funding from Other Sources

Identify any external funding sources that support your organization or project (e.g. other grants, donations, financial assistance or sponsorships).

	Funder Name	Amount	Confirmed
1			Yes / No
2			Yes / No
3			Yes / No
4			Yes / No
5			Yes / No
Total		*Auto-calculated*	

If your organization does not receive the full amount of funding requested, can your programs and services or project still be delivered? Describe how you would adjust

your approach, secure alternative resources or modify your activities to make up the difference. [Maximum 150 words]

HSS Grant Submission

Part A – Collection Notice

This information is collected by the City of Richmond under Section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used to determine eligibility for the City Grant Program, program administration and evaluation. By applying online for a City grant you are consenting to the collection of your personal information in this manner and for the purposes described above. Should you have any questions about the collection of this personal information, please contact the Freedom of Information (FOI) Coordinator at FOI@richmond.ca or phone 604-276-4000.

Part B – Declaration Form

Please download and complete your signed Declaration Form (refer to sample on pages 23-24).

Upload a file: Declaration Form (fillable PDF available at www.richmond.ca/CityGrants)

This completes the HSS Application Form (Operating Stream). Please submit your responses through the online grant application system.

HSS Application Form (Project Stream)

HSS Organization Summary

Part A – Applicant Information

Organization Name:	
Address:	
City:	
Postal Code:	
Primary Contact:	
Position:	
Email:	
Phone:	
Website:	

Part B – Organizational Credentials & Governance Documents

Are you a:

- ☐ Registered non-profit society
- ☐ Registered charity

Society Number:	
Incorporation date (YYYY/MM/DD):	

Please upload your Certificate of Incorporation (must match your organization's current legal name) and Certificate of Name Change (if applicable): [Maximum 2 attachments]

Minimum: 1 **Maximum:** 2

Charitable Number:	
Charitable registration date (YYYY/MM/DD):	

Please upload your Notification of Registration (proof of charitable status under the Income Tax Act): [Maximum 2 attachments]

Minimum: 1 **Maximum:** 2

Required Documents:

Please upload the following required documents. [Maximum 3 attachments]

- Current constitution (or equivalent)
- Current bylaws
- Current list of Board of Directors, Officers and Executive Directors (include addresses and contact information)

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Part C – Organizational Overview

Describe your organization's mission, purpose and how they relate to the needs of Richmond residents. [Maximum 150 words]

How does your organization ensure that its programs and services are inclusive, equitable and supportive of people of all ages, abilities, sexual orientations, gender identities, ethnicities, cultural backgrounds, under-represented groups and socio-economic conditions (except when a program must focus on a specific group to meet their needs effectively). [Maximum 150 words]

Part D – Organizational Financial Position

Please upload your operating budget for the current year. [Maximum 2 attachments]

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Please select one of the following types of financial statements to upload:

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Last fiscal year end date (YYYY/MM/DD):	
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Unrestricted net assets only (funds held by the organization that are not designated for a specific purpose):	

Explain why your organization's unrestricted net assets cannot be used to fund this grant proposal. [Maximum 150 words]

Please indicate if you have received any form(s) of City support (cash and City services) in the last year, including but not limited to the following:

- ☐ None
- ☐ Contribution agreement, service agreement or contract
- ☐ Other City grants (e.g. Environmental Enhancement and Food Security, Community Celebration Grant)
- ☐ Property tax exemption
- ☐ In-kind space
- ☐ Other (please specify)

Please provide additional details in the table below (where applicable)

City Support	Description	Amount
Contribution agreement, service agreement or contract		
Other City grants		
Property tax exemption		
In-kind space		
Other (please specify)		

Total Amount: *Auto-calculated*

HSS Grant Proposal (Project)

Funding is disbursed in March 2027 and must be used within one year of receipt.

Part A – Grant Request

Project title:

Is this a new project?

- ○ Yes
- ○ No

If not, how many years has your organization been delivering this project?

Amount requested:

Please note that under the City Grant Program Policy 3712, the HSS Grant stream has a maximum award limit of $50,000 per applicant.

Describe your project by outlining its key activities and the specific outputs you expect to achieve. Highlight the benefits it will deliver and explain why the project is necessary and valuable to the community. [Maximum 250 words]

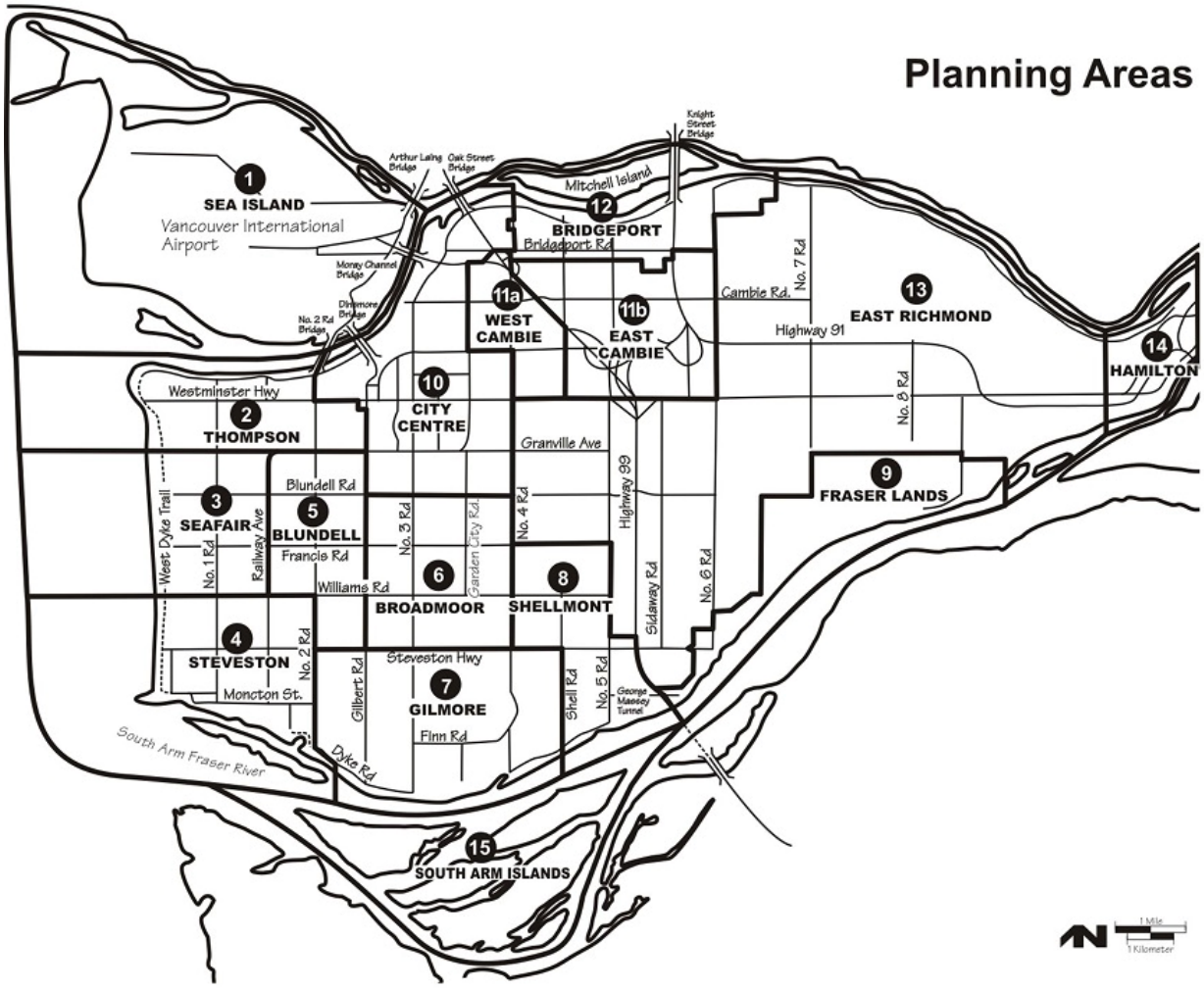
How many individuals will your proposal serve?

How many Richmond residents will your proposal serve?

% of total to be served who are Richmond residents: *Auto-calculated %*

How does your organization calculate the number of individuals served? Explain your method and indicate whether the figure reflects unique individuals or total service interactions. [Maximum 150 words]

Please select the Richmond neighbourhood(s) where your organization primarily delivers programs and services. Choose "Richmond-wide" only if your organization does not focus on specific neighbourhoods.



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Which of the following priority area(s) does your proposal address? [Please select all that apply]

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Explain how your proposal will advance the selected priority area(s). Describe the outcomes you expect to achieve and include any quantitative or qualitative data that supports your approach and anticipated impact. [Maximum 250 words]

What makes your organization's programs and services or project unique? Describe how they/it differ(s) from or complement(s) existing services in Richmond. [Maximum 150 words]

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How will your organization maintain financial viability or how will your project be sustained once grant funding ends? Describe the strategies, revenue sources or partnerships that will support ongoing operations. [Maximum 250 words]

Part B – Grant Budget

Please include further details in the description column (where applicable), e.g. Salaries, fees and benefits for staff: "Includes 2 full-time [position names] at $/hr x hr/week x total weeks."

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Volunteer support		
Other (please specify)		

Grant Request Total: *Auto-calculated*

HSS Partnerships & External Funding

Part A – Community Partnerships

Describe the key partnerships and/or collaborative relationships that your organization has established to support the success of your proposal.

	Partner Organization	Contact (incl. name, title, phone and email)	Nature of partnership (e.g. roles, commitments, activities)
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2			
3			
4			
5			

Optional: Attach support letters and/or emails outlining partnership details. For applicants with more than five partners, please include details about any additional partners as an attachment. [Maximum 6 attachments]

Maximum: 6

Part B – Funding from Other Sources

Identify any external funding sources that support your organization or project (e.g. other grants, donations, financial assistance or sponsorships).

	Funder Name	Amount	Confirmed
1			Yes / No
2			Yes / No
3			Yes / No
4			Yes / No
5			Yes / No
Total		*Auto-calculated*	

If your organization does not receive the full amount of funding requested, can your programs and services or project still be delivered? Describe how you would adjust your approach, secure alternative resources or modify your activities to make up the difference. [Maximum 150 words]

HSS Grant Submission

Part A – Collection Notice

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Part B – Declaration Form

Please download and complete your signed Declaration Form (refer to sample on pages 23-24).

Upload a file: Declaration Form (fillable PDF available at www.richmond.ca/CityGrants)

This completes the HSS Application Form (Project Stream). Please submit your responses through the online grant application system.

HSS Declaration Form

A sample of the HSS Declaration Form is provided below. Please download the fillable PDF form at www.richmond.ca/CityGrants and submit a signed copy through the online grant application system.

We, the undersigned, certify to the best of our knowledge that the information provided in this Health, Social and Safety Grant application is accurate, complete and endorsed by the organization we represent. On behalf of the organization, we also certify that in addition to meeting all the eligibility criteria as stated in the Program Guidelines, we agree to the following conditions set out below and as per any other conditions approved by City Council if we receive a grant from the City of Richmond:

☐ **Organization Commitment**

The organization is committed to providing programs and services that are inclusive, equitable and supportive of people of all ages, abilities, sexual orientations, gender identities, ethnicities, cultural backgrounds, under-represented groups and socio-economic conditions (except when a program must focus on a specific group to meet their needs effectively).

☐ **Governance & Accountability**

Voting members of the Board do not concurrently hold any paid staff positions with the organization nor receive any remuneration (other than expense reimbursement). The organization will maintain proper records and accounts available for inspection by the City and/or its auditors, and will immediately notify the Health, Social and Safety Grant Administrator (in writing) of any changes to the organization's proposal, including the proposed grant budget, as presented in this application. The organization will submit an interim report at the midpoint of the funding term, as applicable, and a final report by the end of the funding term. Additionally, it will provide reports or related documentation upon request by the City at any point during the funding term. The organization will return any surplus in grant funding to the City upon the conclusion of the funding term. If grant funds are not used for the purpose as described in this application, funds will be repaid to the City in full.

☐ **Funding & Acknowledgement**

The organization will make or continue to make every effort to secure funding from other sources as indicated in this application and will appropriately acknowledge the

City's support in all information and promotional materials related to funded activities.

☐ **Communication Consent**

The organization consents to the Health, Social and Safety Grant Administrator sending email notifications regarding this request and/or any future grants and related opportunities which might be applicable to the organization.

Signatory 1 (Full Name)	**Board Position/Title**
Signature	**Date**
Signatory 2 (Full Name)	**Board Position/Title**
Signature	**Date**

This completes the HSS Declaration Form. Please submit a signed copy of the fillable PDF form through the online grant application system.

Section 2: Reporting Stage

HSS Grant Use Interim Report

HSS Grant Recipients that receive a grant of $50,000 or more are required to submit a Grant Use Interim Report at the midpoint of the funding term. The purpose of the Interim Report is to keep the City informed of overall progress, use of funds and any risks or changes requiring attention. There are no exceptions to this requirement.

Organization Name:	
Grant Proposal Title:	

Total Amount Awarded: *Auto-calculated*

Grant Funding Stream: *Auto-populated*

Provide a summary of grant-funded activities completed to date, including key milestones and deliverables. [Maximum 150 words]

Do you anticipate any risks to completing the grant on time or within budget? Please explain. [Maximum 150 words]

Do you anticipate any differences between your proposed and actual grant use, including changes to the budget items, planned activities or anticipated outcomes? [Maximum 150 words] If yes, you must notify and receive written approval from the Health, Social and Safety Grant Administrator before proceeding. Please submit a request by email to SocialPlanning@richmond.ca.

Detail the portion of grant funds used to date across the following budget items.

Expense Items	Description	Actual Amount Spent to date
Salaries, fees and benefits for staff (incl. rate of pay and duration of work)		
Office rent (incl. monthly rate) (for operating stream only)		
Utilities (for operating stream only)		
Consultant services		
Supplies		
Equipment (purchase and/or rental)		
Volunteer support		
Other (please specify)		

Actual Amount Spent to Date: *Auto-calculated*

List any external funding sources that are intended to support your grant-funded activities, including those previously indicated and any new sources applied for and/or confirmed since your grant was approved.

	Funder Name	Amount	Confirmed	New Source
1			Yes / No	Yes / No
2			Yes / No	Yes / No
3			Yes / No	Yes / No
4			Yes / No	Yes / No
5			Yes / No	Yes / No

Total Amount of External Funding: *Auto-calculated*

Note: HSS Grant Administrators may request additional clarification or supporting documentation, such as invoices or receipts, to verify the expenditure of funds.

This completes the HSS Grant Use Interim Report. Please submit your responses through the online grant application system.

HSS Grant Use Final Report

All HSS Grant Recipients are required to submit a Grant Use Final Report within one year of receiving funding or, if re-applying, before the next grant intake. The purpose of the Final Report is to outline key activities, deliverables, community benefits and budget details and demonstrate that City funds have been used appropriately. There are no exceptions to this requirement.

Organization Name:	
Grant Proposal Title:	

Total Amount Awarded: *Auto-calculated*

Grant Funding Stream: *Auto-populated*

Provide a summary of how the grant funds were used, including key activities and deliverables. [Maximum 250 words]

Describe any significant differences between your proposed and actual grant use, including changes to the budget items, planned activities or anticipated outcomes. Include the date these changes were approved by the Health, Social and Safety Grant Administrator. [Maximum 150 words]

Indicate how the grant funds were allocated across the following budget items.

Expense Items	Description	Actual/Anticipated Amount Spent
Salaries, fees and benefits for staff (incl. rate of pay and duration of work)		

Expense Items (Continued)	Description	Actual/Anticipated Amount Spent
Office rent (incl. monthly rate) (for operating stream only)		
Utilities (for operating stream only)		
Consultant services		
Supplies		
Equipment (purchase and/or rental)		
Volunteer support		
Other (please specify)		

Actual/Anticipated Amount Spent: *Auto-calculated*

Please explain any surplus expected from the City grant? [Maximum 150 words]

Details of Personnel (Staffing) indicated above under Actual/Anticipated ($):

Staff	Number of Staff	Total Actual/Anticipated Amount Spent
Full-time employees		
Part-time employees		
Total		

Total number of individuals served:

Total Richmond residents served:

How were these numbers determined? [Maximum 150 words]

List any external funding sources that supported your grant-funded activities.

	Funder Name	Amount
1		
2		
3		
4		
5		

Total Amount of External Funding: *Auto-calculated*

What amount did your organization contribute?

Describe the impacts and benefits of this grant, including key partnerships and how the funded activities supported and improved outcomes for the target population or community. [Maximum 250 words]

Outline the data and feedback you collected to support your reported outcomes and to assess the effectiveness and impacts of your grant activities. [Maximum 150 words]

Were you able to accomplish outcomes with this grant that would not have been possible otherwise? If so, please describe them. [Maximum 250 words]

How will the activities supported by this grant be sustained after the grant period ends? [Maximum 150 words]

Optional: Do you have photos or other media that demonstrate the impact of the grant activities? If yes, please attach. (For review purposes only. Not for public reporting or publication.)

Upload a file

Optional: Did you receive any qualitative feedback or testimonials? If yes, please attach. (For review purposes only. Not for public reporting or publication.)

Upload a file

Note: HSS Grant Administrators may request additional clarification or supporting documentation, such as invoices or receipts, to verify the expenditure of funds.

This completes the HSS Grant Use Final Report. Please submit your responses through the online grant application system.