

Grant Application Template

Parks Recreation and Community Events Grants

Health, Social and Safety Grants

Please use this template only to draft your answers offline, so that your work will be saved for your own records, and/or in the event that you encounter a technical issue when using the online grant system.

Do not upload this document as your application. You must cut-and-paste your answers into the individual spaces provided in the online grant system for your application to be submitted.

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General Information

Step 1: Applicant Information

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Society Name

[Information Auto-Generated]

Society Number

[Information Auto-Generated]

Charitable Number (OPTIONAL)

Society Website (OPTIONAL)

Contact:

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

First Name

Last Name

Title

Address

City

Province

Country

Postal Code

Phone No

Email

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:

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)

If you do not have a financial statement, please attach a letter explaining why not.

Attach Operating Budget For Current Year:

Step 2: Grant Level Selection

The following section includes questions about the Grant Proposal. For assistance in filling out this section of the form, please refer to the Grant Program Guidelines.

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 [Grant Program Guidelines](#) 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 [Grant Program Guidelines](#) for criteria)

Please select one of the following:

Year 1 of 3

Year 2 of 3

Year 3 of 3

Please refer to the Table of Contents to go to the appropriate Step 3 based on the Grant Level you are applying for.

Minor Request (≤ \$5,000): Single Year Funding

Step 3: Grant Proposal

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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:

End Date:

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 (optional) <div style="border: 1px solid black; width: 400px; height: 20px; margin-top: 5px;"></div>	\$
Total:	<i>[Information Auto-Generated]</i>

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week
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	<i>[Information Auto-Generated]</i>
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

The following section includes questions about the organizations you will partner with to deliver and ensure the success of your proposed grant use. Include partner roles and activities. What will your partner contribute? What will your society contribute?

For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Partner's name

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)

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

Signatures of two signing officers of the Board of Directors are required to verify the accuracy of the application, to accept the terms and conditions, and to represent the Society's endorsement of this grant application. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Signing Officers

First Name

Last Name

Society Role

First Name

Last Name

Society Role

Attach Completed Signature Form (Download Signature Form)

Choose File

Add File

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

Minor Request (≤ \$5,000): Multi-Year Funding – Year 1 of 3

Step 3: Grant Proposal

The following section includes questions about the Grant Proposal. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Grant Information

Proposal Title:

Requested Amount

Grant Purpose:

- Operating Assistance
 Community Service / Program / Event - Ongoing
 Community Service / Program / Event - One-time Activity

For One-time Activity:

Start Date:

End Date:

Number To Be Served:

How Many Will Be Richmond Residents?

How were these numbers determined?

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits) (max. 2000 characters)

Please identify any City of Richmond services you currently receive.

(include use of facilities, subsidized rent, property tax relief, photocopying, staffing and others with estimated values, if known)

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 <div style="border: 1px solid black; width: 400px; height: 20px; margin: 5px 0;"></div>	\$
Total:	<i>[Information Auto-Generated]</i>

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week
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	<i>[Information Auto-Generated]</i>
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

The following section includes questions about the organizations you will partner with to deliver and ensure the success of your proposed grant use. Include partner roles and activities. What will your partner contribute? What will your society contribute?

For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Partner's name

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)

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: Community Needs

The following section includes questions about Community Need. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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 (max. 2000 characters):

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

Please specify:

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

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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 you contacted the society to see how you might work together?

- Yes
- No

If yes, what were the results?

Step 6: Community & Society Benefits

The following section includes questions about the benefits of your proposed activity. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

The following section includes questions about measuring the benefits of your proposal. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Signatures of two signing officers of the Board of Directors are required to verify the accuracy of the application, to accept the terms and conditions, and to represent the Society's endorsement of this grant application. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Signing Officers

First Name

Last Name

Society Role

First Name

Last Name

Society Role

Attach Completed Signature Form (Download Signature Form)

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

Minor Request (≤ \$5,000): Multi-Year Funding – Year 2 of 3

Please check last year's grant letter to confirm if you received a Single Year or Multi-Year Funding grant. Only submit a Year 2 application if you were approved for Multi-Year Funding.

Step 3: Grant Proposal Update

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Proposal Information

Proposal Title:

Amount Requested

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

and/or

Step 4: Signing Officers

Signatures of two signing officers of the Board of Directors are required to verify the accuracy of the application, to accept the terms and conditions, and to represent the Society's endorsement of this grant application. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Signing Officers

First Name

Last Name

Society Role

First Name

Last Name

Society Role

Attach Completed Signature Form (Download Signature Form)

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

Minor Request (≤ \$5,000): Multi-Year Funding – Year 3 of 3

Please check last year's grant letter to confirm if you received a Single Year or Multi-Year Funding grant. Only submit a Year 3 application if you were approved for Multi-Year Funding.

Step 3: Grant Proposal Update

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Proposal Information

Proposal Title:

Amount Requested

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

and/or

Step 4: Signing Officers

Signatures of two signing officers of the Board of Directors are required to verify the accuracy of the application, to accept the terms and conditions, and to represent the Society's endorsement of this grant application. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Signing Officers

First Name

Last Name

Society Role

First Name

Last Name

Society Role

Attach Completed Signature Form (Download Signature Form)

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.
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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

Major Request (> \$5,000): Single Year Funding

Step 3: Grant Proposal

The following section includes questions about the Grant Proposal. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Grant Information

Proposal Title:

Requested Amount

Grant Purpose:

- Operating Assistance
 Community Service / Program / Event - Ongoing
 Community Service / Program / Event - One-time Activity

For One-time Activity:

Start Date:

End Date:

Number To Be Served:

How Many Will Be Richmond Residents?

How were these numbers determined?

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits) (max. 2000 characters)

Please identify any City of Richmond services you currently receive.

(include use of facilities, subsidized rent, property tax relief, photocopying, staffing and others with estimated values, if known)

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 <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	\$
Total:	<i>[Information Auto-Generated]</i>

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week
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	<i>[Information Auto-Generated]</i>
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

The following section includes questions about the organizations you will partner with to deliver and ensure the success of your proposed grant use. Include partner roles and activities. What will your partner contribute? What will your society contribute?

For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Partner's name

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)

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: Community Needs

The following section includes questions about Community Need. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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 (max. 2000 characters):

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

Please specify:

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

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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 you contacted the society to see how you might work together?

- Yes
- No

If yes, what were the results?

Step 6: Community & Society Benefits

The following section includes questions about the benefits of your proposed activity. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

The following section includes questions about measuring the benefits of your proposal. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Signatures of two signing officers of the Board of Directors are required to verify the accuracy of the application, to accept the terms and conditions, and to represent the Society's endorsement of this grant application. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Signing Officers

First Name

Last Name

Society Role

First Name

Last Name

Society Role

Attach Completed Signature Form (Download Signature Form)

Choose File

Add File

Terms & Conditions

Reporting and Acknowledgement of Grant Benefits

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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

Major Request (> \$5,000): Multi-Year Funding – Year 1 of 3

Step 3: Grant Proposal

The following section includes questions about the Grant Proposal. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Grant Information

Proposal Title:

Requested Amount

Grant Purpose:

- Operating Assistance
 Community Service / Program / Event - Ongoing
 Community Service / Program / Event - One-time Activity

For One-time Activity:

Start Date:

End Date:

Number To Be Served:

How Many Will Be Richmond Residents?

How were these numbers determined?

Summary Of Request For City Of Richmond Grant (include proposed activities, target group(s) and community benefits) (max. 2000 characters)

Please identify any City of Richmond services you currently receive.

(include use of facilities, subsidized rent, property tax relief, photocopying, staffing and others with estimated values, if known)

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 <div style="border: 1px solid black; width: 400px; height: 20px; margin: 5px 0;"></div>	\$
Total:	<i>[Information Auto-Generated]</i>

Details Of Staffing Indicated Above

Staff	Number of Staff	Avg. Hours/Week
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	<i>[Information Auto-Generated]</i>
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

The following section includes questions about the organizations you will partner with to deliver and ensure the success of your proposed grant use. Include partner roles and activities. What will your partner contribute? What will your society contribute?

For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

Partner's name

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)

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: Community Needs

The following section includes questions about Community Need. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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 (max. 2000 characters):

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

Please specify:

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

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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) (optional)

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 you contacted the society to see how you might work together?

- Yes
- No

If yes, what were the results?

Step 6: Community & Society Benefits

The following section includes questions about the benefits of your proposed activity. Please provide as much information as possible. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

The following section includes questions about measuring the benefits of your proposal. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

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

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Signing Officers

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No Appeal

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Do you accept these terms and conditions?

Yes No

Major Request (> \$5,000): Multi-Year Funding – Year 2 of 3

Please check last year's grant letter to confirm if you received a Single Year or Multi-Year Funding grant. Only submit a Year 2 application if you were approved for Multi-Year Funding.

Step 3: Grant Proposal Update

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Proposal Information

Proposal Title:

Amount Requested

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

and/or

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Do you accept these terms and conditions?

- Yes No

Major Request (> \$5,000): Multi-Year Funding – Year 3 of 3

Please check last year's grant letter to confirm if you received a Single Year or Multi-Year Funding grant. Only submit a Year 3 application if you were approved for Multi-Year Funding.

Step 3: Grant Proposal Update

The following section includes questions about the Society. For assistance in filling out this section of the form, please refer to the [Grant Program Guidelines](#).

Proposal Information

Proposal Title:

Amount Requested

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)

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and/or

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- Yes No