



Emergency Social Service Provision Grant

Due to grants@victoria.ca
November 23rd 4pm 2020

1. PROJECT TITLE

2. CONTACT INFORMATION

Not-for-Profit Organization, or

Informal Group (*not registered as a not-for-profit organization*)

If you're applying as an informal group, please include a letter of support from a registered not-for-profit organization.

3. PROJECT LEAD

Contact Name

Organization Name (*if applicable*)

Mailing Address

Telephone

Email

4. PARTNERING NOT-FOR-PROFIT GROUP

Society Registration Number

Organization Name

Contact Name

Mailing Address

Telephone

Email:

5. PROJECT DESCRIPTION

Please describe your proposed project

6. COMMUNITY INVOLVEMENT

How will your proposed project involve the community before, during and following implementation?

7. BENEFITS

How will your proposed project benefit the community?



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14. PROJECT COST

Please complete following budget *Include all rates and duties for labour hours*

What is the **total cost** of the proposed project (*including in kind labour and donations*)? \$ _____

Amount requested from the Emergency Social Service grant: \$

Your total matching contribution \$

Items Funded by Grant	Amount
TOTAL REQUESTED	\$

Items Provided by Applicant	Amount
	\$



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DECLARATION

I certify that the information given in this application is correct. I agree to the following terms:

1. The not-for-profit organization is not in arrears with the City.
2. The Project will be carried out when and as described in the application. If there are significant changes to the Project or it is not completed, I am responsible to notify the City of Victoria of any changes and I am required to return the funds back to the City of Victoria.
3. I assume all liability for activities associated with implementation.
4. The Project or Activity must comply with all applicable municipal policies, bylaws and requirements of the City of Victoria respecting use of City property.
5. A final report conforming to the format on the last page of this application will be submitted.
6. I provide the City of Victoria permission to share my name and details of this application to outside organizations for the purpose of determining funds from those organizations for the project.
7. 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.

Date

Applicant Group/Resident Lead Name

Signature(s)

LIST OF ATTACHMENTS

- Design information, including site map and visuals of Project or Activity location
- If the application is not from a registered not-for-profit organization, a letter from a not-for-profit partner indicating their support for the project needs to accompany the application. If the applicant is successful, the grant payment will be made to the not-for-profit organization to administer and disburse funds to the group they are supporting.