APPENDIX A



T 250.361.0554 E grants@victoria.ca victoria.ca

Micro Grant Application Form

HOW TO APPLY:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Organization Name: Burnside Gorge Co	mmunity Association	Telephone: 250-388-5251
Mailing Address: 471 Cecelia Rd		Email: Rachel@burnsidegorge.ca
SECTION 2. PARTNERSHIP ORGANIZATION Organization Name: Bumside Gorge Community Ass	· · · · · · · · · · · · · · · · · · ·	
Mailing Address: 471 Cecelia Rd		
Contact Person: Rachel O'Neill	Email: rachel@burnsidegorge.ca	Telephone: 250-388-5251
Registered under the Society Act or registered Charity?	Ves No Society/Charit	y Registration Number 135261972RR0001
SECTION 3. PROJECT OR PROGRAM INFOR Project or program title: Cecelia Ravine Community C Project or program location: Cecelia Ravine Park Which guidelines does this project or program fall under	Gardens	elines 🔽 Community Garden Policy
Is this project or program in compliance with the Bouleva		
Description of the project or program, why the grant is ne of public spaces, green spaces, and food systems stra	eeded, and how it aligns with or sup	
Cecelia Ravine Community Gardens support the stewardship of • 23 plots rented to community members; • 2 plots designated for community groups; • 2 large berms of edible trees and shrubs available for public h		h the provision of the following:

Grant funds will help offset the costs associated with garden improvements, including: • the purchase and delivery of mulch which benefits the gardens through improved soil fertility and water retention;

the purchase and delivery of much which benefits the gardens through improved soil fertility and water retent
 the purchase of seeds and starts to improve the selection of food available for community harvest;

the purchase of seeds and starts to improve the selection of hood available for content of plants and shrubs for replacement in public harvest areas.

The purchase of plants and shirubs for replacement in public narvest areas

How many people will benefit from the project or program? 100

Percentage of Greater Victoria Residents? 100 %

What target audience will benefit? gardeners, park visitors, local residents



SECTION 4.

Finance 1 Centennial Square Victoria, BC V8W 1P6 E grants@victoria.ca

PROJECT OR PROGRAM FINANCIAL INFORMATION

Micro Grant Application Form

What is the project or program:	Total Cost \$ 1000	Amount Requeste	ed \$ 500
How much is the organization contr	=0.0		
now made to the organization com			
SECTION 5. PROJECT OR F	PROGRAM TIMELINE		
Start Date: May 1, 2018	Exp	ected Completion Date: De	ecember 31, 2018
			100
How many volunteers will work on the			al volunteer hours: 100
Can the project or program occur w	rithout volunteer support?	Yes 🗹 No	
SECTION 7. PUBLIC ACKN	OWLEDGEMENT		
All grant recipients are required to p acknowledging the City's funding se		t. How do you or the suppor	t organization plan on publicly
Vebsite	Newspaper advertisemer	t	
Social media	Newsletter		
Sponsor plaque	✓ Annual Report		
Other			
SECTION 8. DECLARATION		that the information given in	this application is correct
I am an authorized signing officer o I agree to the following terms:	the organization and Lectify	that the information given in	triis application is correct.
 I/We will be in compliance w 			
 I/We organization will public 	y acknowledge the grant awa	ded by the City (if applicabl	e)
	n either: (1) the Province of BC	as a registered Society or (2) the Canada Revenue Agency
as a registered Charity We are not in arrears with the 	P City of Victoria		
 We are not in bankruptcy or 			
The grant application meets	all the eligibility requirements	of the City's Grant Policy and	d related Grant Category Addendum
			t avagation (if applicable)
Signature of individual		Relationship to suppo	ort organization (if applicable)
Name		Date	
Name	C	Executive Director	
Signature of authorized officer of su	upport organization	Position	
Suzanne Cole		January 23, 2018	
Name		Date	

City of Victoria | MICRO GRANT APPLICATION FORM 2



T 250.361.0554 E grants@victoria.ca victoria.ca

Micro Grant Application Form

HOW TO APPLY:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Org	anization Name: Fairfield Gonzales	Community	y Associa	tion Teleph	one: 250-382-	4604
Mailing Address:	1330 Fairfield Rd., Victoria BC, V	3S 5J1		Email:	place@fairfie	eldcommunity.ca
SECTION 2.	PARTNERSHIP ORGANIZATION	INFORMA	TION (IF	APPLICABLE)		
Organization Nar	ne:					
Mailing Address:						
Contact Person:	Vanya McDonell	Email:	cdonell@)fairfieldcommunity.	Telephone:	250-382-4604
Registered unde	r the Society Act or registered Charity?	Yes	🗌 No	Society/Charity Regis	tration Number	S-0011840
SECTION 3.	PROJECT OR PROGRAM INFOR	RMATION				
	Enifield Food Forget Upday	rton				

Project or program title: Fairfield Food Forest Understory
Project or program location: Robert J. Porter Park
Which guidelines does this project or program fall under? 🛛 Boulevard Gardening Guidelines 🗹 Community Garden Policy
Is this project or program in compliance with the Boulevard Gardening Guidelines or Community Garden Policy? 🗹 Yes 🗌 No
Description of the project or program, why the grant is needed, and how it aligns with or supports the enhancement and steward of public spaces, green spaces, and food systems strategic plan objective.
The Fairfield Food Forest is a permaculture commons garden established in 2013 by the Fairfield Gonzales Community Association's Community Garden Committee. It is a large garden planted with numerous food-bearing trees and bushes. This application is to undertake additional plantings of 'understory' plants - smaller plants, perennials and annuals, which will thrive alongside the larger plantings and will increase the food growing capacity of the garden. In consultation with volunteers we will plant a tea garden, medicinal garden, and/or a kitchen garden. This project supports the enhancement and stewardship of food systems in Victoria by increasing food growing opportunities on public land that is also used by a neighbourhood school, Sir James Douglas Elementary. It enhances the partnership between the City, Community Association, and local residents by working together to enhance the Fairfield Food Forest. By growing more accessible, easy to use food on the site we hope to increase residents' and schoolchildren's awareness and utilization of the Food Forest. Please note contact email line above does not have enough space for the full contact email address: vmcdonell@fairfieldcommunity.ca is the full address.

How many people will benefit from the project or program	_? 2000	Percentage of Grea	ter Victoria Residents?	2.5 %
What target audience will benefit? Porter Park users, lo	cal residents, Mos	s St Market-goers,	SJD schoolchildren,	FGCA clients



SECTION A

Finance 1 Centennial Square Victoria, BC V8W 1P6 E grants@victoria.ca

PROJECT OR PROGRAM FINANCIAL INFORMATION

Micro Grant Application Form

SECTION 4. THOSE OF ON			
What is the project or program:	Total Cost \$ 1000	Amount Requ	lested \$ 500
How much is the organization cont	500		
SECTION 5. PROJECT OR	PROGRAM TIMELINE		
Start Date: April 2018		Expected Completion Date:	September 2018
		Expected completion bate.	
SECTION 6. PROJECT OR	PROGRAM VOLUNTEE	ERING	
How many volunteers will work on t	this project or program? 1	6	Total volunteer hours: <u>48</u>
Can the project or program occur	without volunteer support?	Yes 🖌 No	
SECTION 7. PUBLIC ACKN	OWLEDGEMENT		
All grant recipients are required to acknowledging the City's funding s		grant. How do you or the sup	oport organization plan on publicly
Vebsite	Newspaper advertise	ement	
🖌 Social media	Newsletter		

SECTION 8. DECLARATION

Sponsor plaque

Other

I am an authorized signing officer of the organization and I certify that the information given in this application is correct. I agree to the following terms:

I/We will be in compliance with all applicable municipal policies and bylaws

Annual Report

- I/We organization will publicly acknowledge the grant awarded by the City (if applicable)
- We are in good standing with either: (1) the Province of BC as a registered Society or (2) the Canada Revenue Agency as a registered Charity
- We are not in arrears with the City of Victoria
- We are not in bankruptcy or seeking creditor protection
- The grant application meets all the eligibility requirements of the City's Grant Policy and related Grant Category Addendum

	Co-Executive Director
Signature of individual Vanya McDonell	Relationship to support organization (if applicable) Jan 23 2018
Name	Date Co-Executive Director
Signature of authorized officer of support organization	Position
Vanya McDonell	Jan 23 2018
Name	Date



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Micro Grant Application Form

HOW TO APPLY:

Mailing Address:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Orga	anization Name: FED Restaurant Society	Telephone: 7782658053
Mailing Address:	415-320 View Street, Victoria BC, V8W 1J6	Email: getfedvictoria@gmail.com
SECTION 2.	PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)	
Organization Nan	ne:	

Contact Person:	Email:		Telephone:
Registered under the Society Act or registered Charity?	L Yes	L No	Society/Charity Registration Number:

SECTION 3. PROJECT OR PROGRAM INFORMATION

Project or program title: FED Edible Landscaping
Project or program location:
Which guidelines does this project or program fall under? 🛛 🗌 Boulevard Gardening Guidelines 🛛 🗹 Community Garden Policy
Is this project or program in compliance with the Boulevard Gardening Guidelines or Community Garden Policy? 🗹 Yes 🗌 No
Description of the project or program, why the grant is needed, and how it aligns with or supports the enhancement and steward of public spaces, green spaces, and food systems strategic plan objective.
The Food Eco District (FED) works to install urban food gardens in the downtown core, between Blanshard and Quadra. We work with private landowners to identify areas with potential for edible landscaping that enhances public spaces, brings an area to life, and offers usable herbs and produce. These gardens also demonstrate ways to grow food and raise awareness about what can be grown in Victoria's climate. A team of volunteers help maintain the gardens, with planting in the spring, and partial re-planting in the fall. The gardens require maintenance to keep them attractive, producing, and healthy. This year during our spring re-planting period, we want to focus on bringing in native edible plants and signage so the public can identify and learn about native edible plants. We are looking for support to purchase the plants and to create the signage.
How many people will benefit from the project or program? 15-20K Percentage of Greater Victoria Residents? 20 %

What target audience will benefit? residents, visitors, and tourists of downtown (beautification, place-making, use of edibles)



Finance 1 Centennial Square Victoria, BC V8W 1P6 E grants@victoria.ca

Micro Grant Application Form

SECTION 4 .	PROJECT OR PROGRAM FINANCIAL INF	ORMATION
What is the proj	ject or program: Total Cost \$ 3500	Amount Requested \$ 500
How much is the	e organization contributing? \$ <u>3000</u>	
SECTION 5.	PROJECT OR PROGRAM TIMELINE	
Start Date: Jun	ne 2018 Expe	acted Completion Date: November 2018
SECTION 6.	PROJECT OR PROGRAM VOLUNTEERIN	G
How many volur	nteers will work on this project or program? 12	Total volunteer hours: 120
Can the project	or program occur without volunteer support?	Yes 🗌 No
SECTION 7.	PUBLIC ACKNOWLEDGEMENT	
	nts are required to publicly acknowledge the grant. the City's funding support?	How do you or the support organization plan on publicly
Vebsite	Newspaper advertisement	
Z Social med	dia 🛛 🔽 Newsletter	
Sponsor pl	aque 🗌 Annual Report	
Other		
I agree to the foll I/We will b I/We orgar We are in g	lowing terms: be in compliance with all applicable municipal polic inization will publicly acknowledge the grant award	Check Dick - Markettic Siz
 We are not 	ot in arrears with the City of Victoria	
	t in bankruptcy or seeking creditor protection	
the grant a	application meets all the eligibility requirements of	the City's Grant Policy and related Grant Category Addendum
In	\sum	FED Board of Directors
Signature of indiv	vidual	Relationship to support organization (if applicable)
Jill Doucette		Jan 25, 2018
Name		Date
Signature of author	orized officer of support organization	Position
Name		Date



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Micro Grant Application Form

HOW TO APPLY:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Org	anization Name: Fernwood Neighbourhood Resource Group Socie	Telephone: 250-381-1552 ext 110
Mailing Address:	1240 Gladstone Ave	Email: carina@fernwoodnrg.ca
OF OTION O		

SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name:				
Mailing Address:				
Contact Person:	Email:		Telephone: _	
Registered under the Society Act or registered Charity?	✓ Yes	🗌 No	Society/Charity Registration Number:	S-14959
SECTION 3. PROJECT OR PROGRAM INFOR	MATION			
Project or program title: Fernwood Grows				
Project or program location:				

Which guidelines does this project or program fall under?	Boulevard Gardening Guidelines	🗹 Commun	ity Garden Policy
Is this project or program in compliance with the Boulevard	Gardening Guidelines or Community Ga	arden Policy?	🗹 Yes 🗌 No

Description of the project or program, why the grant is needed, and how it aligns with or supports the **enhancement and steward of public spaces, green spaces, and food systems** strategic plan objective.

"Fernwood Grows" will increase food production by 50% in the common gardens at the Fernwood Community Centre. Food grown in these gardens is used in our food access programs and harvested by the community. Funds will be used to purchase hundreds of vegetable seedlings, cover crop seeds, and irrigation parts necessary to grow more food in the Kitchen Garden and Orchard at the Fernwood Community Centre. Purchasing pre-sprouled vegetable seedlings and using them in succession planting (up to 3 platings in one season) is the best way to get a jump on the season and produce more food in a short amount of time. Seedlings are sturdier than direct sown vegetable seeds, easier to plant for unexperienced volunteers or children, and require less maintenance. Cover crops, such as clover, suppress weeds, maintain soil moisture, and increase soil fertility; reducing our reliance on volunteer labour for weeding and costly soil amendments. Maintaining our irrigation system is vital to keeping the gardens healthy, especially during our summer droughts. Hand watering is not an option due to the size of our gardens. As we rely heavily on volunteers to maintain our gardens, having easy access to the inputs needed to maintain a productive garden is key to its success.

How many people will benefit from the project or program? ______ Percentage of Greater Victoria Residents? _____

What target audience will benefit? People who live, work and play in Fernwood, especially those who frequent the Centre.



Finance 1 Centennial Square Victoria, BC V8W 1P6 E grants@victoria.ca

Micro Grant Application Form

		N
SECTION 4.	PROJECT OR PROGRAM FINANCIAL INFORMATIO	
What is the proje		mount Requested \$_500
How much is the	e organization contributing? \$ <u>175</u>	
SECTION 5.	PROJECT OR PROGRAM TIMELINE	
Start Date: Marc	rch 2018 Expected Comp	letion Date: August 2018
SECTION 6.	PROJECT OR PROGRAM VOLUNTEERING	
How many volunt	inteers will work on this project or program? ~45	Total volunteer hours: ~100
	t or program occur without volunteer support? 🗹 Yes 🗌 N	lo
SECTION 7.	PUBLIC ACKNOWLEDGEMENT	
	ents are required to publicly acknowledge the grant. How do yo the City's funding support?	ou or the support organization plan on publicly
Website	Newspaper advertisement	
Social med	edia 🗹 Newsletter	
Sponsor pl	plaque 🗹 Annual Report	
Other		
SECTION 8.	DECLARATION	
I am an authorize I agree to the foll	zed signing officer of the organization and I certify that the info ollowing terms:	rmation given in this application is correct.
	be in compliance with all applicable municipal policies and by	
	anization will publicly acknowledge the grant awarded by the C	
	in good standing with either: (1) the Province of BC as a registe istered Charity	red Society or (2) the Canada Revenue Agency
	not in arrears with the City of Victoria	
	not in bankruptcy or seeking creditor protection	
	is the second all the all the requirements of the City's	Crant Policy and related Grant Catagory Addendum

The grant application meets all the eligibility requirements of the City's Grant Policy and related Grant Category Addendum

Signature of individual

Carina L. Foran

Name

Direc

Signature of authorized officer of support organization

Relationship to support organization (if applicable)

Date

Director, Fernwood Community Centre

Position

January 30th 2018

Date

Name



H

T 250.361.0554 E grants@victoria.ca victoria.ca

Micro Grant Application Form

- THEALE
HOW TO APPLY: IF YOU HAVE ANY QUESTICAS OR COLCERAS FLEASE
Complete Application Form in its entirety and send to grants@victoria.ca (CATACT BILLY PHOTE
Section . CONTACT INFORMATION
SECTION 1. CONTACT INFORMATION Individual or Organization Name: <u>MONTREAL STREET COMMUNITY</u> CARDEN Telephone: <u>250-381-3504</u> ,
Mailing Address: <u>CLG SCA HER SEAFT</u>
1047- 109 ONTARIOST. VICTORIA, BE- VEVILLE
SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)
Organization Name: JAMES BAY NEICHBOURHOOD ASSOCIATION
Mailing Address: CO WAJNE SHILLINGTON # 214-225 MENTIES
Contact Person: MARCE CARDINERmail: Marg. Jona C Telephone: 220-360-300
Registered under the Society Act or registered Charity? If Yes No Society/Charity Registration Number:
SECTION 3. PROJECT OR PROGRAM INFORMATION
Project or program title: <u>NEW SIGNACE PROJECT</u>
Project or program location: MONTREAL STREET COMMUNITY SHRDEN
Which guidelines does this project or program fall under? 🛛 🛛 Boulevard Gardening Guidelines 🛛 🗹 Community Garden Policy
Is this project or program in compliance with the Boulevard Gardening Guidelines or Community Garden Policy? 🛛 Yes 🔲 No
Description of the project or program, why the grant is needed, and how it aligns with or supports the enhancement and steward of public spaces, green spaces, and food systems strategic plan objective.
The purpose of our "New Signinge Project" Is to Reflect OUR New Wante and Welcome weighbours, visitors and gordeners into our community garden. Four signs will be placed grategically in the gorden and as wellas being welcoming will indicate which areas are private plots and which are for public enjoyment. Attached is an example of signing used by a Community gorden.
low many people will benefit from the project or program? BAY RESI Percentage of Greater Victoria Residents?

What larget audience will benefit? ALLOTMENT CORDENERS TAMES BAY NEICHBOURITOOD, VISITORS AND TOURISTS

	Micro Grant			
CITY OF Finance	Application Form			
VICTORIA 1 Centennial Square Victoria, BC V8W 1P6				
E grants@victoria.ca				
SECTION 4. PROJECT OR PROGRAM FINANCIAL INFO	DRMATION			
	Amount Requested \$			
What is the project or program: Total Cost $ \frac{600.00}{100} $ How much is the organization contributing? $ \frac{100.00}{100} $	Amount nequesied 3			
How much is the organization contributing? 5 7700 pt	US INSIGUATION COSTS			
SECTION 5. PROJECT OR PROGRAM TIMELINE				
Start Date: May 1/2018 Expec	ted Completion Date:			
SECTION 6. PROJECT OR PROGRAM VOLUNTEERING				
How many volunteers will work on this project or program?	15 Total volunteer bours: 40			
Can the project or program occur without volunteer support?				
SECTION 7. PUBLIC ACKNOWLEDGEMENT				
All grant recipients arc required to publicly acknowledge the grant. I	low do you or the support organization plan on publicly			
acknowledging the City's funding support?				
Website Newspaper advertisement				
Social media	HUSTETTER			
\square Sponsor plaque \square Annual Report $\mathcal{T}_{\square} \wedge \mathcal{A}$				
Other JAMES BAY DEAC	ON INTING			
	NEUSPAPER			
SECTION 8. DECLARATION				
I am an authorized signing officer of the organization and I certify that I agree to the following terms:	at the information given in this application is correct.			
We will be in compliance with all applicable municipal policie	es and bylaws			
We organization will publicly acknowledge the grant awarded				
We are in good standing with either: (1) the Province of BC as as a registered Charity	a registered Society or (2) the Canada Revenue Agency			
We are not in arrears with the City of Victoria				
We are not in bankruptcy or seeking creditor protection				
The grant application meets all the eligibility requirements of the	e City's Grant Policy and related Grant Category Addendum			
B	O i to co i to			
	President, SONA			
Signature of morvidual	Relationship to support organization (if applicable)			
Marg Gardiner	January 4,2018			
Name	Dale Months			
Bully Para	Perard Manha Company			

Signature of authorized officer of support organization

1-311 NO

Position 4/2018 11 cuar Date .

Name



T 250.361.0554 E grants@victoria.ca victoria.ca

Micro Grant Application Form

HOW TO APPLY:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Organization Name: Nicola Gunter	Telephone: 778.584.4619
Mailing Address: #10 2320 Quadra Street Victoria, BC V8T 4C8	Email: nicolamgunter@gmail.com

SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: Quadra Village Community Centre/ Downtown Blanshard Advisory Committee

Mailing Address: 901 Kings Road Victoria, BC V8T 1W5

Contact Person: Kelly Greenwell	Email:	kell	y@quadr	avillagecc.com	Telephone:	250.388.7696
Registered under the Society Act or registered Charity?		Yes	No	Society/Charity Registra	tion Number	101476083RR0001

SECTION 3. PROJECT OR PROGRAM INFORMATION

Project or program title: Pollinator Pals (Kids Garden Club)

Project or program location: Wark Street Commons Garden-2599 Wark Street, Victoria, BC

Which guidelines does this project or program fall under?	Boulevard Gardening Guidelines	Community Garden Policy
---	--------------------------------	-------------------------

Is this project or program in compliance with the Boulevard Gardening Guidelines or Community Garden Policy? I Yes 🗌 No

Description of the project or program, why the grant is needed, and how it aligns with or supports the **enhancement and steward** of public spaces, green spaces, and food systems strategic plan objective.

I am requesting funding to support the implementation of a Kids Garden Club (Pollinator Pals) in the Quadra Village neighborhood of Victoria (although the club will be open to any interested child or youth). Specifically, the funding will be used for program supplies including craft and project supplies, snacks and beverages. The club will be held monthly from April to November 2018.

The overall goal of this club is to bring children and youth together to learn and engage with nature, specifically in the Quadra Village garden commons spaces (Wark Street Commons and the People's Apothecary). The garden club will teach children about plant identification and maintenance/care as well as learning about local pollinator insects and plants. We will also learn about local edible greens and harvesting safety. The focus will be on 'hands on' exploration in the garden including crafts and small projects (i.e. building a pollinator insect hotel).

The goals of this project align strongly with enhancement and steward of public spaces, green spaces, and food systems because the children will be enhancing their knowledge of local plants they can eat, the importance of pollinator insects, all while gaining experience directly caring for a garden space. We hope to increase the neighborhood children and youth's connection to the commons gardens and thereby increasing their desire to be stewards of the commons gardens.

Thank you kindly for considering our application.

How many people will benefit from the project or program? 25-50

_____ Percentage of Greater Victoria Residents? unknown %

What target audience will benefit? ______ children and youth

City of Victoria MICRO GRANT APPLICATION FORM 1



I am an authorized signing officer of the organization and I certify that the information given in this application is correct. I agree to the following terms:

- I/We will be in compliance with all applicable municipal policies and bylaws
- I/We organization will publicly acknowledge the grant awarded by the City (if applicable)
- We are in good standing with either: (1) the Province of BC as a registered Society or (2) the Canada Revenue Agency as a registered Charity
- We are not in arrears with the City of Victoria
- We are not in bankruptcy or seeking creditor protection

The grant application meets all the eligibility requirements of the City's Grant Policy and related Grant Category Addendum

Garden Coordinator Relationship to support organization (if applicable) Signature of individual January 19, 2018 Nicola Gunter Date Name Executive Signature of authorized officer of support organization Position Greenwell, Quadra Village Community Centre. Jan. 20, 2018 Date Name



- Finance 1 Centennial Square Victoria, BC V8W 1P6
- T 250.361.0554 E grants@victoria.ca victoria.ca

Micro Grant Application Form

HOW	то	APF	'LY:

Complete Application Form in its entirety and send to grants@victoria.ca

SECTION 1. CONTACT INFORMATION

Individual or Organization Name: Victoria Disability Resource Centre	Telephone: (250) 595-0044
Mailing Address: 817 A Fort Street Victoria, BC V8W 1H6	Email: director@drcvictoria.com

SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: Yales Street Community Garden (Downtown Residents Association)

Mailing Address: c/o 1715 Government Street, Victoria, BC V8W 1Z4

Contact Person:	Email: jkstrauss4@gmai	Lcom Telephone:
		00040447

Registered under the Society Act or registered Charity? Ves No Society/Charity Registration Number: 50048117

SECTION 3. PROJECT OR PROGRAM INFORMATION

Project or program title: Gardening Peer Support Group

Project or program location: 1010 Yales St, Victoria, BC

Which guidelines does this project or program fall under? 🔲 Boulevard Gardening Guidelines 🗹 Community Garden Policy

Is this project or program in compliance with the Boulevard Gardening Guidelines or Community Garden Policy? 🗹 Yes 🗌 No

Description of the project or program, why the grant is needed, and how it aligns with or supports the enhancement and steward of public spaces, green spaces, and food systems strategic plan objective.

The Victoria Disability Resource Centre is working with the Yates Street Community Garden to ensure that this community garden is accessible for a wide range of people with disabilities. The gardening activity forms part of a peer support group for people with disabilities who want to garden and grow their own food while meeting and interacting with other people with disabilities and those without who want to learn about growing their own food, food sufficiency and nutrition. The VDRC is also working with the LifeCycles Project on this project. LifeCycles is providing information on how to raise food crops and educating the group members on food security issues.

crops and educating the group members on food security issues. This project aims to make the Yates Street Community Garden accessible to people with disabilities. The grant is required to fit an accessible lock on the existing entrance door (approximately \$550), install a permeable mat at the entrance so wheelchairs/walkers do not get stuck in the gateway gravel (approximately \$250 - the surface of the rest of Garden is suitable for wheelchairs/walkers) and to build an accessible cupboard the length of the existing gardening equipment hut to store accessible gardening equipment in (purcahsed by the VDRC) so that the gardening group members can get to the equipment (approximately \$400 - the current hut cannot be made accessible so an outside attached cupboard is required).

How many people will benefit from the project or program? 20 per year Percentage of Greater Victoria Residents? 100 % What target audience will benefit? people with disabilities interested in growing food and needing access to a community garden

City of Victoria | MICRO GRANT APPLICATION FORM 1



Finance 1 Centennial Square Victoria, BC V8W 1P6 E grants@victoria.ca

Micro Grant Application Form

SECTION 4. PROJECT OR PROGRAM FINANCIAL INFORMATION

 What is the project or program:
 Total Cost \$ 1,200.00
 Amount Requested \$ 500.00

 How much is the organization contributing?
 \$ 700.00

SECTION 5. PROJECT OR PROGRAM TIMELINE

Start Date: April 1, 2018

Expected Completion Date: May 15, 2018

SECTION 6. PROJECT OR PROGRAM VOLUNTEERING

How many volunteers will work on this project or program? 20 Can the project or program occur without volunteer support? Yes Vo Total volunteer hours: 250

SECTION 7. PUBLIC ACKNOWLEDGEMENT

All grant recipients are required to publicly acknowledge the grant. How do you or the support organization plan on publicly acknowledging the City's funding support?

Website	Newspaper advertisement
Social media	Newsletter
Sponsor plaque	Annual Report
Other	

SECTION 8. DECLARATION

) am an authorized signing officer of the organization and I certify that the information given in this application is correct. I agree to the following terms;

- · i/We will be in compliance with all applicable municipal policies and bylaws
- · I/We organization will publicly acknowledge the grant awarded by the City (if applicable)
- We are in good standing with either: (1) the Province of BC as a registered Society or (2) the Canada Revenue Agency as a registered Charity
- We are not in arrears with the City of Victoria
- · We are not in bankruptcy or seeking creditor protection
- · The grant application meets all the eligibility requirements of the City's Grant Policy and related Grant Category Addendum

Signature of individue

David Hosking

Name /

famit Arun

Signature of authorized officer of support organization Janet Strauss

Name

Partners

Relationship to support organization (if applicable)

Date

YSCG Steering Committee

Position Jenny Committee Date

City of Victoria MICRO GRANT APPLICATION FORM 2