



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

2015 Micro Grant Application Form

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

SECTION 1. CONTACT INFORMATION

Individual Name: Rachel O'Neill

Telephone: 250-388-5251

Mailing Address: 471 Cecelia Road

Email: rachel@burnsidegorge.ca

Are you in arrears with the City of Victoria? ☐ Yes ☒ No

SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: Burnside Gorge Community Association

Mailing Address: 471 Cecelia Road, Victoria BC, V8T 4T4

Contact Person: Rachel O'Neill

Email: rachel@burnsidegorge.ca

Telephone: 250-388-5251

Registered under the *Society Act* or *registered Charity*? ☒ Yes ☐ No Society/Charity Registration Number: 13526 1972 RR0001

SECTION 3. PROJECT OR PROGRAM INFORMATION

Project or program title: Cecelia Ravine Community Gardens

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

Is this project in compliance the Boulevard Gardening Guidelines or Community Garden Policy? ☒ Yes ☐ No

Description of the project or program and 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.

Cecelia Ravine Community Gardens support the stewardship of public spaces and food systems through the provision of 23 plots rented to community members and two plots designated for community groups. In 2013, two large berms were installed and planted with edible trees and shrubs to increase public access to local food production.

Cecelia Ravine Community Garden would like to build additional beds around a newly installed fence to increase food systems for public access and attract pollinating insects. This would increase the amount of harvest available for the public and improve the sustainability of locally grown food. This will also add to neighbourhood beautification.

How many people will benefit from the project or program? 3,000

Percentage of Greater Victoria Residents? 100%

What target audience will benefit? Gardeners, residents, visitors

SECTION 4. PROJECT OR PROGRAM FINANCIAL INFORMATION

What is the project or program: Total Cost \$1,200

Amount Requested \$500

How much is the organization contributing? \$250

SECTION 5. PROJECT OR PROGRAM TIMELINE

Start Date: March 2015

Expected Completion Date: December 2015

Project or program Location: Cecelia Ravine Park

SECTION 6. PROJECT OR PROGRAM VOLUNTEERING

How many volunteers will work on this project or program? 10

Total volunteer hours required: 30

Can the project or program occur without volunteer support? ☐ Yes ☒ No



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SECTION 7. PUBLIC ACKNOWLEDGEMENT

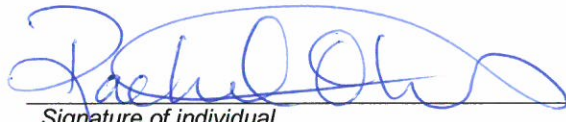
All grant recipients are required to publicly acknowledge the grant. How do you or the support organization plan on publicly acknowledging the City's funding support?


- | | |
|---|---|
| <input checked="" type="checkbox"/> Website | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sponsor Plaque | <input checked="" type="checkbox"/> Annual Report |
| <input type="checkbox"/> Other _____ | |

SECTION 8. DECLARATION


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:

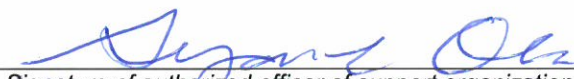
- I/We will be in compliance with all applicable municipal policies and bylaws
- I/We organization will publicly acknowledge the grant awarded by the City (if applicable)
- We are in good standing with either: (1) the Province of BC as a registered Society or (2) the Canada Revenue Agency as a registered 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

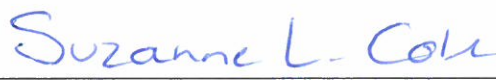

Signature of individual



Name

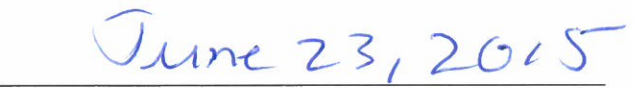

Relationship to support organization (if applicable)


Date


Signature of authorized officer of support organization


Name


Position


Date