

E grants@victoria.ca

# 2015 Strategic Plan Grant Application Form

#### How to Apply:

- 1. Complete Application Form in its entirety and send to <a href="mailto:grants@victoria.ca">grants@victoria.ca</a>
- 2. Assemble Eligibility Documentation

2. Assemble Liigibility L	ocumentation		
Attach the following required	documentation to ensure eligibility	y and completion of the 2015 Grant Application Form.	
□ X Society or Charity confidence     CRA Canadian Registere	firmation – Provide society numbe ed Charities details page showing	er and Certificate of Good Standing or Charity Registration Number an charity status as <i>registered</i>	ıd
X Annual Report and Fir the BC Society Act	nancial Statements – organization	's current filed documents with the Registrar of Companies as required	d by
SECTION 1. CONTACT	TINFORMATION		
Organization Name: Fernwo	ood Neighbourhood Resource Gro	up Society	
Mailing Address: 1240 Glad	stone Avenue		
Contact Person: Shonna Be	II	Email: shonna@fernwoodnrg.ca	
Telephone: 250-381-1552 ex	kt 107	Website: fernwoodnrg.ca	
SECTION 2. ORGANIZ	ATION INFORMATION		
Are you registered under the	Society Act? ⊠ Yes □ No	Society Registration Number: S-14959	
Are you a registered Charity?	Yes □ No	Charity Registration Number: <u>107380982 RR001</u>	
Organization mission/manda	te		
<ul><li>b) to provide childcare, parer</li><li>c) to provide and operate nor</li><li>d) to undertake activities and</li></ul>	I maintain a multi-use facility for the co ting classes, programs for senior citize	ens, and a community garden for the benefit of the community of Fernwood; dincidental facilities for adult persons of low income; and of the above purposes.	
improve the quality of life for p	people living in the Fernwood com	tnership with the City of Victoria since 1979. Fernwood NRG works to amunity by providing recreation programming, building neighbourhood aging a suite of properties and buildings including the Fernwood	
How many paid staff at organ	ization? Full Time: 20	Part Time: 15	
How many volunteer staff at o	organization? 250	Total volunteer hours: 10,000+	
SECTION 3. ORGANIZ	ATION FINANCIAL INFOR	MATION	
What is the organization's an	nual budget? \$ 1.595 million	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	g do you receive and how is it use		
Source	Total Funding	lise	

Source	Total Funding	Use
Grants/Contracts	\$443,000	Support Prenatal Health and Nutrition, Family Resource Programs, Recreation programs and Rentals, Childcare
Childcare Fees	\$533,000	Fee for Service
Rentals	\$365,000	Affordable Housing, Commercial Space
Program Fees	\$168,000	Good Food Box, Other Program Revenue.
Donations/ Fundraising	\$80,000	Support administrative overhead and remaining program costs.



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Has the organization filed for bankruptcy or currently seeking credit pro	otecti	on?	□Yes	⊠No
SECTION 4. PROJECT OR PROGRAM INFORMATION				
Project or program title: Healthy Families				E, 2
Brief description of the project or program and why the grant is needed			_	
The Healthy Families Program consists of the Fernwood Families as well as one-on-one support from trained staff. Fernw that time the number of participants has grown from 60 individuals (appr families). The increase can be attributed to a growing reputation with the low income families) and local subsidized housing projects. The continu Fernwood NRG to sustain. With financial support from City of Victoria, I to neighbourhood families, and a safe space for families with children to support workers as required.	ood I oxim fam al inc ernv	NRG hand talk had been depicted in the contraction of the contraction	s been rur families) George Ja participa RG will be	nning the family dinner since June 2013. In to 135 individuals (approximately 45 y Elementary School (with a majority of nts has made the dinner difficult for able to continue to provide a healthy meal
Does this project or program impact public space? ⊠Yes □No				
Please select the Strategic Plan Objective that the project or program a objectives, please read the full text of the Strategic Plan found at <a href="http://plan.html">http://plan.html</a> ). Check off as many as is appropriate.				
☐ Innovate and Lead				eward Public Spaces, Green Spaces and
☐ Engage and Empower the Community			Systems	· · · · · · · · · · · · · · · · · · ·
☐ Strive for Excellence in Land Use	Ц	•		i-model Active Transportation Network
☐ Build Financial Capacity of the Organization				, Culture and Learning Capital
☐ Create Prosperity through Economic Development				systems and Waste Streams Responsibility
☐ Make Victoria More Affordable		Plan for Long 1		ncies Including Climate Change Short and
X Facilitate Social Inclusion and Community Wellness		Demor	nstrate Re	gional Leadership
Explain in detail how this project or program will meet and support the	City o	of Victor	ia's Strate	gic Plan Objectives.
The Healthy Families Program enhances the quality of life of those families we marginalized families by bringing them together which further creates an oppin a place for staff to model parenting strategies. We believe that providing included children in our community. Increased social and emotional skills for children agroup setting where there is opportunity to develop these skills. Increased supparents, assurance that parents' needs are met or referrals provided. Increase meal and other food resources such as meal ideas and cooking skills. Enhant provided which focus on providing ideas, options and strategies for parents to also be achieved through the opportunity for parents to express their needs a concerns addressed. We believe that parents who feel supported can in turn are encouraged to volunteer with meal preparation and washing up, helping the many will benefit from the project or program? 5,000 visits	ortuni usive are ac pport sed he aced p o use and co bette	ity to provious to provide the community of the control of the con	vide suppor ty space fo nrough child ren is achie well-being capacity is of the group o staff and their childr eterm conne	t, a forum for discussion topics, and r families is the best way to support dren and parents interacting in a ved through resources provided to is achieved through the provided achieved through the activities b. Enhanced parenting capacity is to other parents, and have their en's development. As well, parents
Who is your target audience? Low income, marginalized families with			51 510dt	5. 1.5.5/m (105/d5/101 <u>100</u> /0



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SECULO	N 5. PROJECT OR PRO	DGRAM FINANCIAL INF	ORMATION					
Please a	attach a detailed breakdown of al	l expenses for this application.						
What is	the project or program: Total C	Cost \$27,000 An	nount Requested \$9,000					
Adminis	strative costs are capped at a max	kimum of 18% of total budget. I	ndicate the percentage of adminis	trative costs: 0%				
How mu	ich is the organization contributin	g to this project or program?	\$10,000					
Please i	indicate the funding sources for the	nis application:						
	Government funding							
	Organization Name	Contact Person	Phone Number	Amount				
	Community Gaming Grant	John Mazure	250 387-1301	\$4,000				
	Corporate sponsorships							
	Organization Name	Contact Person	Phone Number	Amount				
			1					
	Matching funds							
	Organization Name	Contact Person	Phone Number	Amount				
	In-Kind contributions							
	Organization Name	Contact Person	Phone Number	Amount				
	ColdStar Solutions Inc.	Jennifer Hawes	250-381-3399	\$4,000 (food donation)				
	Fernwood NRG	Lee Herrin	250-381-1552 ext 103	\$10,000 (organization staffing contribution)				
	Waived fees and charges							
	Organization Name	Contact Person	Phone Number	Amount				
	Other							
	Organization Name	Contact Person	Phone Number	Amount				
		Grand Tot	al of Other Funding Sources \$	18 000				
Partial f	unding may be available. Will the	project occur without full fundir	ng by the grant? ⊠Yes □ No					
If you do	o not receive full funding, what is	the impact to the organization a	and project or program. Please pro	ovide an explanation below.				
We w	rill have to limit the number of peo	pple who can attend each week	, reducing the impact of the progra	am.				
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SECTION 6. PROSECT OR	THOSINAII THUESINE				
Project or program dates From: June 2015 To: June 2016					
Project or program location: Fernwood Community Centre					
Project or program timeline and ma	jor milestones.				
Date	Milestone				
This program will occur every Monday except statutory holidays and during Christmas break and the Monday after FernFest.	We will host approximately 45 dinners in a 12 month period.				
SECTION 7. PROJECT OR	PROGRAM VOLUNTEERING				
How many volunteers will work on t					
Can the project or program occur w					
SECTION 8. PUBLIC ACKN					
	publicly acknowledge the grant. How does your organization plan on publicly acknowledging				
the City's funding support?					
	☐ Newspaper Advertisement				
X Website					
X Social Media	X Newsletter- Village Vibe				
☐ Sponsor Plaque	X Annual Report				
☐ Other_					
SECTION 9. DECLARATIO					
* A	of the organization and I certify that the information given in this application is				
correct. I agree to the following term					
	ompliance with all applicable municipal policies and bylaws				
	y acknowledge the grant awarded by the City				
Section 1997	standing with either: (1) the Province of BC as a registered sevenue Agency as a registered Charity				
The organization is not in arrears with the City					
<ul> <li>The organization is not in bankruptcy or seeking creditor protection</li> </ul>					
<ul> <li>The grant application meets</li> </ul>	all the eligibility requirements of the City's Grant Policy				
Signature:	Position: EFFOUTIVE DINEDITOR				
Name:	Date: 26 JUN 2015				

#### Fernwood Healthy Families Budget 2015/16

PROGRAM/PROJECT EXPENSES	In Kind	Amount Requested	Total Expense
Program Salaries & Benefits Program Coordinator Family Resource Worker Family Response Worker	\$14,000 Fernwood NRG	\$0	\$14,000
Program Materials & Supplies	\$4,000 Cold Star	\$9,000 City of Victoria	\$13,000
Grand Total Expenses	\$18,000	\$9,000	\$27,000