

#101-3960 Quadra Street, Victoria, BC V8X 4A3

Tel: 250-592-3479 Fax: 250-361-3422 Email: info@islandsexualhealth.org www.islandsexualhealth.org

To whom it may concern

Subject: City of Victoria 2015 Strategic Plan Grant

Island Sexual Health Society; CRA #1199158673RR0001

Contact:

Bobbi Turner, Executive Director; 250-592-3479 ext. 206;

bturner@islandsexualhealth.org

101 – 3960 Quadra Street

Victoria BC V8X 4A3

Phone: 250 592-3479 (extension 206)

The Island Sexual Health society leads in the provision of exemplary sexual health education programs and clinical services. We look forward to the opportunity to apply for funding through your 2015 Strategic Planning Grant Program.

We would like to add that in 2014 our society faced some serious funding issues and as a result ended the 2013/2014 fiscal with a large deficit. We are very pleased to report that the society, with re-structuring and increased support from Island Health, has managed to finish this most recent fiscal (ending March 31st, 2015) with a surplus. We would be more than happy to provide any additional documentation around this as needed.

We thank you for the opportunity to apply for support through your Grants Program. Please feel free to contact me for any additional information.

Sincerely

Bobbi Turner

Executive Director

Encls.



E grants@victoria.ca

How many volunteer staff at organization? 40

2015 Strategic Plan Grant Application Form

How to Apply:

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

2. Assemble Eligibility Documentation		
Attach the following required documentation to en	sure eligibility a	and completion of the 2015 Grant Application Form.
 Society or Charity confirmation – Provide soci CRA Canadian Registered Charities details page 		d Certificate of Good Standing or Charity Registration Number and harity status as <i>registered</i>
☐ Annual Report and Financial Statements – o the BC Society Act	rganization's c	current filed documents with the Registrar of Companies as required b
SECTION 1. CONTACT INFORMATION		
Organization Name: Island Sexual Health Society	y	
Mailing Address: 101-3960 Quadra Street		
Contact Person: Bobbi Turner		Email: btumer@islandsexualhealth.org
Telephone: 250 592-3479 (206)		Website: islandsexualhealth.org
SECTION 2. ORGANIZATION INFORM	ATION	
Are you registered under the Society Act? ⊠ Y	es □ No	Society Registration Number: 1191158763RR0001
empower individuals to make choices that enhance	well-being; pro fine sexual hea	ervices. Through the provision of clinical care and education, we ovide all-inclusive services and resources that support sexual health; alth as a state of physical, emotional, mental, and social well-being hroughout Greater Victoria.
charity, ISHS is governed by a volunteer board of chad a total of 27,000 patient visits to our 4 clinic locand safer sex education; contraception prescription testing, pro-choice decision making support, and resex supplies including condoms, gloves, and orall evolunteers to assist in the provision of clinical sexulthrough the University of British Columbia in additional through the University of Victoria and Camosun Colover 12,000 participants through 496 workshops for education program works to maximize sexual health education workshops. In addition to our large volunt University of British Columbia in addition to placem University of Victoria and Camosun College.	directors and hat cations (through ns and IUD inserterals; pap and lams. ISHS curtial health service on to placement of the country of the education that the education the nents for nursing directors or ursing the education th	BC and was incorporated April 11, 1984. Operating as a registered as an operating budget of 1.5 million dollars. In our last fiscal, ISHS thout Greater Victoria) for sexual health issues such as contraception ertions; STI vaccination, testing, treatment, and support; pregnancy and pelvic exams; genital and breast exams; and access to free safer rrently has 20 full and part time staff, 25 physicians and over 40 ces., ISHS provides placement for second year medical residents and for nursing, social work, and women's studies practicum students (2015, ISHS's community education program provided education for indergarten-University), parents, and other community members. ISH's rough the provision of comfortable, comprehensive, and interactive its provides placement for second year medical residents through the ag, social work, and women's studies practicum students through the
How many paid staff at organization? Full Time:	: 8	Part Time: 12

Total volunteer hours:

4,420 per year



E grants@victoria.ca

2015 Strategic Plan Grant Application Form

SECTION 3. ORGANIZATIO	N FINANCIAL INFORM	IATION
What is the organization's annual be	udget? 1.5 million	
What other sources of funding do yo	ou receive and how is it used?	?
Source	Total Funding	Use
Medical Services Plan	800,000.00	Clinical Services
Island Health	127,740.00	Education
Product Sales	336,000.00	Clinical Services
Fee's	130,000.00	Education and Clinic Programs
Fundraising and Donations	106,260.00	Education and Clinic Programs
Has the organization filed for bankru	intov or currently seeking cred	dit protection? □Yes ⊠No
A SAME OF STREET OF STREET OF STREET	PROGRAM INFORMATI	
THE ATTENDED AND ADDRESS OF THE PARTY OF THE		ION
Project or program title: <u>Inclusion D</u> Brief description of the project or pro		nerted.
Brief description of the project of pro	gram and wny the grant is ne	eded.
different community organizations (Vion the needs of these community me Training (through VSAC's Trans Includevelop an action plan to work toward With this information meet and active review current policies and procedure questions as how we can improve controvider in educating the public?	port of our youth committee to ctoria Sexual Assault Centre, mbers related to clinical pract usion Workshop) for all organizes sustainable and inclusive clay involve all staff, board members and actively address areas mmunity understanding around (or inclusive blueprint) that additionally handouts, website wording, e	to develop a questionnaire and plan for focus groups with several the trans Community and Gays Men's network) to illicit informaticatice. zation staff that would provide us with the groundwork needed to changes that we can carry forward with long term. bers, volunteers and physicians in a strategic planning session to of inequity or areas that need a more formal review. Address such these issues? As well as explore what is our role as a service ddresses any needed changes to policies, procedures and internated, in addition to addressing potential ways we can work towards
	ective that the project or progr	⊠No Iram aligns with or supports (for further explanation of http://www.victoria.ca/EN/main/city/corporate-strategic-
plan.html). Check off as many as is		
☐ Innovate and Lead		☐ Strive for Excellence in Land Use
Engage and Empower the Com	munity	☐ Build Financial Capacity of the Organization



E grants@victoria.ca

2015 Strategic Plan Grant Application Form

	Create Prosperity through Economic Development		Nurture Our Arts, Culture and Learning Capital				
	Make Victoria More Affordable		Steward Water Systems and Waste Streams Responsibility				
Ø	Facilitate Social Inclusion and Community Wellness	Long Term					
	Enhance and Steward Public Spaces, Green Spaces and Food Systems		Demonstrate Regional Leadership				
	Complete a Multi-model Active Transportation Network						
Ex	plain in detail how this project or program will meet and support the	City c	of Victoria's Strategic Plan Objectives.				
inclu com Thi acce	ntion is to involve youth in this process not only to educate other you usion. In our youth we see a generation that are often more open to municate with the community at large. s project also ties in with the strategic plan around Social Inclusion a essible as possible especially for those more marginalized clients. Cless services and our organization strives to ensure that we are sensi	diver ind C ients	community Wellness. Our aim is to make our program as who feel disadvantaged need a safe and secure place to				
			entage of Greater Victoria Residents? .3%%				
Wh	o is your target audience? Marginalized community members who n	eed :	access to sate and supportive sexual health services				



long term solutions over time.

E grants@victoria.ca

2015 Strategic Plan Grant Application Form

SECTION 5. PROJECT OR PROGRAM FINANCIAL INFORMATION

Please	attach a detailed breakdown of all	l expenses for this application.		
What is	s the project or program: Total C	ost <u>\$3,540.00</u> Amount R	equested <u>\$2,000.00</u>	
	strative costs are capped at a max	_		trative costs: 8%
	uch is the organization contributing	•	<u>1,540.00</u>	
Please	indicate the funding sources for the	nis application:		
	Government funding			
	Organization Name	Contact Person	Phone Number	Amount
	Corporate sponsorships			
,	Organization Name	Contact Person	Phone Number	Amount
	Matching funds			
	Organization Name	Contact Person	Phone Number	Amount
	In-Kind contributions			
	Organization Name	Contact Person	Phone Number	Amount
	Waived fees and charges			
	Organization Name	Contact Person	Phone Number	Amount
	Victoria Sexual Assault Centre	Alyx McAdams	250 507-3616	\$300.00
	Other			
	Organization Name	Contact Person	Phone Number	Amount
		Grand Total o	of Other Funding Sources \$	300.00
Partial f	funding may be available. Will the	project occur without full funding b	by the grant? ⊠Yes □ No	
lf you d	o not receive full funding, what is t	the impact to the organization and	project or program. Please pro	ovide an explanation below.
commu	orts that can be made on su unity. With less funding we s	till feel we can make an imp	act on better meeting the	se needs by
ımplem	enting those aspect of this p	project that will provide the r	nost benetit in the immed	liate and work towards



E grants@victoria.ca

2015 Strategic Plan Grant Application Form

rojec	ct or program timeline and i	major milestones.					
Date		Milestone					
Augu	ust 2015	Youth Committee and Coordinator to administer questionnaire to local agencies for inclusion feedback					
-	August 2015	Trans Inclusion Workshop with VSAC					
Sept	ember to October 2015	Coordinator to arrange Strategic Planning Session with all ISH Staff, Doctors and Volunteers					
Nove	November/December 2015 Development of the Inclusive Blueprint that will direct ongoing internal changes and address direction of community based tasks/events to increase community awareness.						
SECT	TION 7. PROJECT O	R PROGRAM VOLUNTEER	ING				
		on this project or program _ 8		Total volunteer hours required: 160			
		r without volunteer support?	⊠Yes	□No			
SECT All gra	FION 8. PUBLIC ACT	KNOWLEDGEMENT		- C - C - C - C - C - C - C - C - C - C			
SECT All gra the Ci	TION 8. PUBLIC AC	KNOWLEDGEMENT		your organization plan on publicly acknowledging Newspaper Advertisement Newsletter			
All grathe Ci	FION 8. PUBLIC ACT ant recipients are required ity's funding support? Website	KNOWLEDGEMENT	How does	your organization plan on publicly acknowledging Newspaper Advertisement			
All grathe Ci	rION 8. PUBLIC ACT ant recipients are required ity's funding support? Website Social Media	KNOWLEDGEMENT	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter			
SECI All grathe Ci	rion 8. PUBLIC ACI ant recipients are required ity's funding support? Website Social Media Sponsor Plaque	KNOWLEDGEMENT to publicly acknowledge the grant.	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter			
All grathe Ci	ant recipients are required ant recipients are required atty's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI	to publicly acknowledge the grant. ON or of the organization and I certify the second content of the organization and I certify the organization and I certified content of the organization and I certified con	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report			
All grathe Ci	ant recipients are required ant recipients are required aty's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATION an authorized signing office att. I agree to the following to	to publicly acknowledge the grant. ON or of the organization and I certify the second content of the organization and I certify the organization and I certified content of the organization and I certified con	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report rmation given in this application is			
All grathe Ci	ant recipients are required ant recipients are required aty's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI an authorized signing office at a gree to the following to the organization will be in	to publicly acknowledge the grant. ON er of the organization and I certify the terms:	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report rmation given in this application is licies and bylaws			
All grathe Ci	ant recipients are required ity's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI an authorized signing office ot. I agree to the following to the organization will public the organization is in good	to publicly acknowledge the grant. ON er of the organization and I certify the terms: n compliance with all applicable mu	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report rmation given in this application is licies and bylaws ity			
All grathe Ci	ant recipients are required ity's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI an authorized signing office ot. I agree to the following to the organization will public the organization is in good	to publicly acknowledge the grant. ON er of the organization and I certify the terms: n compliance with all applicable mulicly acknowledge the grant awarder of standing with either: (1) the Province Revenue Agency as a registered (1)	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report rmation given in this application is licies and bylaws ity			
All grathe Ci	ant recipients are required ant recipients are required aty's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI an authorized signing office at. I agree to the following to the organization will be in The organization will public The organization is in good Society or (2) the Canada The organization is not in	to publicly acknowledge the grant. ON er of the organization and I certify the terms: n compliance with all applicable mulicly acknowledge the grant awarder of standing with either: (1) the Province Revenue Agency as a registered (1)	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report rmation given in this application is licies and bylaws lity			
All grathe Ci	ant recipients are required ity's funding support? Website Social Media Sponsor Plaque Other TION 9. DECLARATI an authorized signing office oct. I agree to the following to the organization will public the organization is in good Society or (2) the Canada The organization is not in	to publicly acknowledge the grant. ON er of the organization and I certify the terms: In compliance with all applicable mulicly acknowledge the grant awarder of standing with either: (1) the Proving Revenue Agency as a registered (1) arrears with the City	How does	your organization plan on publicly acknowledging Newspaper Advertisement Newsletter Annual Report Trmation given in this application is licies and bylaws lity as a registered			

BUDGET: Inclusion Development Project

Complete	Items	Details	Total Amount
Expenses	Salaries/wages/benefits	Project Coordinator	\$1,950.00
	Staff Costs related to training		\$600.00
	Strategic Planning Facilitator		\$250.00
	Office Supplies/Space		\$650.00
	Inclusion Workshop provided by VSAC		\$300.00
	Total Expenses		\$3,750.00

Complete	Items	Details	Total Amount
Revenues -	ISHS contribution		\$1,450.00
	City of Victoria		\$2,000.00
	VSAC		\$300.00
	Total Revenue		\$3,750.00



Canada.ca Services Departments Français



Canada Revenue Agency

Home / Charities and giving / Charities listings / Search

Basic search results

Statistics and data on the Charities and giving webpages are compiled by the Charities Directorate of the Canada Revenue Agency (CRA) for the sole purpose of providing the public with direct access to information about charities in Canada.

The CRA is not responsible for the use and manipulation by any persons of this information.

Search criteria

Charity name: Island Sexual Health Society

Charity status: Registered

Search results: 1 match found.

Didn't find what you were looking for? See <u>Search tips</u>.

Showing 1 entry on this page.

Charity name: ISLAND SEXUAL HEALTH SOCIETY / 119158673RR0001

Charity status: Registered

Effective date of status: 1984-04-11

Sanction: N/A

Address: 101-3960 QUADRA ST

City: VICTORIA Province/territory/outside of Canada: BRITISH COLUMBIA Country: CA

Postal code/Zip code: V8X4A3

Charity type: Health

Category: Services Other Than Hospitals

Showing 1 entry on this page.

Display list view	
	dens
Downloading instructions	
	RECORDE
Download results	person
New search	

Related links

Contact the CRA Charities Directorate

Videos and recorded webinars for donors and charities

Date modified:

2015-01-28