

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

SECTION 1. CONTACT INFORMATION

Individual Name: Johanne Thompson Telephone: 250-590-8922

Mailing Address: 521 Craigflower Road Email: coordinator@victoriawest.ca

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

SECTION 2. PARTNERSHIP ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: Victoria West Community Association

Mailing Address: 521 Craigflower Road

Contact Person: Bernie Gaudet Email: president@victoriawest.ca Telephone: _____

Registered under the *Society Act* or *registered Charity*? ☒ Yes ☐ No Society/Charity Registration Number: S-8974

SECTION 3. PROJECT OR PROGRAM INFORMATION

Project or program title: Raised Garden Beds for Victoria West Community Centre

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.

The Victoria West Community Centre requests funding to build raised garden beds on its rear balcony in order to provide programming to the Preschool and Before and After School Care, and Adult Day Programs for those with Developmental Disabilities that utilize the Centre. Groups that utilize a garden bed will be asked to plant an additional row in a Community Raised Bed. The harvest from this bed can be picked or given to anyone that may need food, or used in programming at the Centre.

If there are no community groups that are wanting to use the beds, they can be offered to members of the Victoria West Community as additional garden space.

Funds would be used for construction materials, wood, nails, locking castors, soil, seeds, plants and fertilizer.

The Victoria West Community Centre Manager has had discussions with Facilities and Parks and received permission to construct the beds on the back patio.

How many people will benefit from the project or program? 45 Percentage of Greater Victoria Residents? 100 %

What target audience will benefit? Children, Youth, and Adults

SECTION 4. PROJECT OR PROGRAM FINANCIAL INFORMATION

What is the project or program: Total Cost \$ 750.00 Amount Requested \$ 500.00

How much is the organization contributing? \$ 250.00

SECTION 5. PROJECT OR PROGRAM TIMELINE

Start Date: August 2015 Expected Completion Date: September 2015

Project or program Location: Victoria West Community Centre

SECTION 6. PROJECT OR PROGRAM VOLUNTEERING

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

Total volunteer hours required: 150

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

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 checked="" type="checkbox"/> Social Media | <input checked="" type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sponsor Plaque | <input checked="" type="checkbox"/> Annual Report |

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

Johanne Thompson
Signature of individual

Community centre manager
Relationship to support organization (if applicable)

Johanne Thompson
Name

June 26/15
Date

Bernie Gaudet
Signature of authorized officer of support organization

President - VWCA
Position

Bernie Gaudet
Name

June 26/2015
Date