

E grants@victoria.ca

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

What is the organization's annual budget? 50,000

Attach the following required documentation to ensure eligibility and completion of the 2015 Grant Application Form.

- X Society or Charity confirmation Provide society number and Certificate of Good Standing or Charity Registration Number and CRA Canadian Registered Charities details page showing charity status as *registered*
- X Annual Report and Financial Statements organization's current filed documents with the Registrar of Companies as required by the BC Society Act

SECTION 1. CONTACT INFORMATION			
Organization Name: We Rage We Weep Alzheimer Foundation Mailing Address: 707-828 Rupert Terrace Victoria, BC V8W 0A7			
Contact Person: Marjorie Moulton	Email: <u>drmmoulton@werageweweep.com</u>		
Telephone: <u>250-920-9573</u>	Website: werageweweep.com		
SECTION 2. ORGANIZATION INFORMATION			
Are you registered under the Society Act? x Yes □ No	Society Registration Number: <u>S-50138</u>		
Are you a registered Charity? x Yes ☐ No	Charity Registration Number: 80814 2277 RR0001		
Organization mission/mandate			
 We Rage We Weep Alzheimer Foundation is a Victoria based independent Canadian Registered Charity. We support caregivers of those with Alzheimer's disease or related dementia. In doing so we fund, administer and/or market programs and services that: Make a difference in the day to day lives of caregivers and their loved ones, often a life partner or parent Are not currently available through statutory assistance but complement that already existing within the community 			
Thereby easing the burden of care giving - one family at a time.			
The focus of the Foundation is to assist the 70% of people with Alzheimer Disease or related dementia who live at home cared for by family or friends, supporting aging in place, fighting loneliness and isolation. Our programs/services provide an atmosphere of acceptance and encouragement, build self-esteem and create support, security and happiness.			
 Brief history and role in benefitting residents of Greater Victoria Since 2006 our organization has been assisting Victorians with dementia, their caregivers & families. We do so by funding & operating the following programs: Project Lifesaver of Greater Victoria – a VHF radio frequency technology based wander location and recovery program for seniors with dementia bringing loved ones home! Arts & Alzheimer's – an art and music participation program for seniors with dementia living at home with their caregivers stimulating minds supporting caregivers. 			
How many paid staff at organization? Full Time: 0	Part Time: one		
How many volunteer staff at organization? 30	Total volunteer hours: approximately 34 hours per week		
SECTION 3. ORGANIZATION FINANCIAL INFORMAT	ON		



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What other sources of funding do you receive and how is it used?

Source	Total Funding		Use
Victoria Foundation	10,000		Project Lifesaver
Fenton Trust	20,000		Arts & Alzheimer's & Project Lifesaver
Vandekerkhove Family Foundation	5,000		Arts & Alzheimer's
Has the organization filed for bankrupto	y or currently seeking credit prot	ection?	? □Yes x No
Project or program title: Arts & Alzheim			
Brief description of the project or progra			
ntact far intó the disease. Arts & Alz meaningful activity, emotional/spirit verbal.	heimer's engages the best pount ual support, structured routi	ractice ne, an	with dementia living at home with their ect a person's ability to communicate leaving them nd music effect a deep response that can remain es of dementia care including socialization, d an expressive outlet even if the person is non-
-	ve that the project or program all e Strategic Plan found at http://v	-	th or supports (for further explanation of ctoria.ca/EN/main/city/corporate-strategic-
☐ Innovate and Lead	орпаю.	ПБ	nhance and Steward Public Spaces, Green Spaces and
☐ Engage and Empower the Commun	itv		ood Systems
☐ Strive for Excellence in Land Use	,		omplete a Multi-model Active Transportation Network urture Our Arts, Culture and Learning Capital
☐ Build Financial Capacity of the Orga	anization		teward Water Systems and Waste Streams Responsibility
☐ Create Prosperity through Economic	c Development	☐ PI	an for Emergencies Including Climate Change Short and
Make Victoria More Affordable	a consiste e NA a llancaca		ong Term
X Facilitate Social Inclusion and Comr	nunity vveiiness		emonstrate Regional Leadership
Explain in detail how this project or prog	ram will meet and support the C	ity of V	/ictoria's Strategic Plan Objectives.

Support for arts and culture is increased, inclusive and strategic - The Arts & Alzheimer's program offers its art & music participation sessions twice a week for 2 hours. The first hour is devoted to a creative art project which changes week to week followed by an hour of music, singing and sharing. Additional arts related activities and events such as music, dance, opera, symphony, theater and specialized art gallery tours are incorporated throughout the year. Our focus is those 70% of dementia clients still living at home with a caregiver who may not otherwise have access or opportunity to enjoy the arts.



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Accessible health services are available for Victoria's most marginalized people - dementia persons often feel they can no longer integrate into their community due to their disease and caregivers are commonly too tired, overwhelmed and over worked to promote engagement. By providing a safe, welcoming, encouraging environment in which to self express and re-connect for both those with dementia and their caregivers we have seen these social challenges overcome. Re-engagement follows.

Enhanced quality of life - The Arts & Alzheimer's program is for persons with all stages of Alzheimer's or related dementia as well as those who have been artists or musicians and those who have not.

Clients with Alzheimer's or related dementia

•Enjoy freedom of expression, social interaction, cultivation of new or renewed talents, increased confidence, self-esteem, a sense of purpose and pride of accomplishment

Caregivers/Families

- Receive a respite from care taking duties and support from one another Artists & Musicians
- •Utilize their skill to foster expression, connection and joy through art and music Community
- Experiences the continued participation and contributions of those with dementia

City's seniors' facilities have grown their memberships by 50% - By operating our programs through Silver Thread Service Senior Centers we are drawing in more people to the centers thus promoting & encouraging their participation & membership in senior centers.

How m	any will benefit from the projec	t or program? <u>75</u>	Percentage of Greater Victori	a Residents? 100%	
Who is	your target audience? Senior	s with dementia, their caregiv	ers & families		
SECTIO	ON 5. PROJECT OR P	ROGRAM FINANCIAL I	NFORMATION		
Please	attach a detailed breakdown o	f all expenses for this applicat	tion.		
What is	the project or program: Total	al Cost \$25,000	Amount Requested \$5,000	_	
Admini	strative costs are capped at a r	naximum of 18% of total budg	get. Indicate the percentage of adm	inistrative costs:	<u>15</u> %
How m	uch is the organization contribu	iting to this project or program	n? \$500 equivalent in weekly in	volunteer hours	
Please	indicate the funding sources for	or this 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	
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Organization Na	me	Contact Person	Phone Number	Amount
Louise Rose - Mu		Louise Rose	250-386-4467	300
X Waived fees and ch	narges			
Organization Na		Contact Person	Phone Number	Amount
Silver Threads Se		Tracy Ryan	250-382-3151	2,000
Ciivoi Tiiiodad O	51 1100	Trady Ryan	200 002 0101	2,000
X Other				
Organization Na	me	Contact Person	Phone Number	Amount
Fenton Trust		Evelyn Kolic	250-953-5972	20,000
Vandekerkhove F	oundation		alacanastu@aktiv.com	5,000
al funding may be ava	ailable. Will the p		Total of Other Funding Sources ∜ unding by the grant? X Yes □ No	3 27,300
		_		
u do not receive full fu	inding, what is th	ne impact to the organizati	ion and project or program? Please p	rovide an explanation be
tions in which we i				
TION 6. PROJE	CI OK PRO	GRAM TIMELINE		
ect or program dates	From: <u>Sep</u>	<u>1, 2015</u> To:	Dec 31, 2015	
ect or program location	n: Silver Threa	ds Services Saanich & Vic	ctoria Centers	
ect or program timelin	e and major mile	estones.		
ite	Milesto	ne		
ril 2011	Progra	Program pilot began with just 10 clients, one location, once a week for 8weeks of year		
ril 2012	Expand	ded to 10 weeks a year		·
p 2012			erating 2 days a week for 2 hours each	ch. 10 weeks of vear
15	Served		rs & families, operated 9months of ye	
CTION 7. PROJE	CT OR PRO	GRAM VOLUNTEER	ING	
				s required: approximate
many volunteers will	work on this pro	ject or program? <u>15</u>		s required: approximate
many volunteers will the project or progran	work on this pro	ject or program? <u>15</u> /olunteer support?	Total volunteer hour	s required: approximate
many volunteers will the project or progran	work on this pronounce of the contract of the	ject or program? 15 volunteer support?	Total volunteer hour □Yes x No	
many volunteers will the project or progran	work on this pronounce of the control of the contro	ject or program? 15 volunteer support?	Total volunteer hour	
many volunteers will the project or progran CTION 8. PUBLIC grant recipients are rec City's funding support	work on this pronounce of the control of the contro	ject or program? 15 volunteer support?	Total volunteer hour □Yes x No	
the project or program CTION 8. PUBLIC grant recipients are rec	work on this pronounce of the control of the contro	ject or program? 15 volunteer support?	Total volunteer hour □Yes x No	



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X Other marketing materials	_
☐ Newspaper Advertisement X Newsletter	,
☐ Annual Report	
SECTION 9. DECLARATION	
I am an authorized signing officer of the organization and I certify the	nat the information given in this application is
correct. I agree to the following terms:	
 The organization will be in compliance with all applicable mu 	inicipal policies and bylaws
 The organization will publicly acknowledge the grant awarde 	d by the City
 The organization is in good standing with either: (1) the Prov Society or (2) the Canada Revenue Agency as a registered 0 	
 The organization is not in arrears with the City 	
 The organization is not in bankruptcy or seeking creditor pro 	tection
 The grant application meets all the eligibility requirements of 	the City's Grant Policy
Signature:	Position: Executive Director
Name: Marjorie Moulton	Date: Jun 22/2015



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Detailed expense breakdown for project or program

Please see below the details of the full Arts & Alzheimer's budget. If you have any questions please let me know. Thanks very much.

Marketing	200.00
Venue (\$2000)	In-Kind
Art Supplies	250.00
Artists Honorariums	9000.00
Musicians Honorariums	9000.00
Refreshments	300.00
Program Operations	6000.00
Art Gallery & Admissions	250.00

TOTAL 25000.00