

**2017
Community Initiatives and Affected Areas Programs
Project Application**

Instructions

Please refer to the *2017 Policies & Guidelines* document before completing this Application. You may download, update and save this PDF file on your own computer before editing and submitting your application. For more information, please visit the Town of Golden website www.golden.ca, or contact Ryan Watmough at 1.250.344.8610, email cbtadmin@golden.ca.

Applications must be received at cbtfunds@golden.ca by noon local time Friday February 3, 2017 with the submitting organization and project name typed in the subject line.

Section A – General Information			
1. Title of proposed project:			
2. Funds requested from the Community Initiatives and Affected Areas Programs:			
3. Application date:			
4. Name of organization applying:			
5. Name and <i>title</i> of contact person responsible for this proposal:			
6. I am authorized by my organization/group to submit this proposal. <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Society Number:	8. Charitable Registration Number:		
9. Business Number:	10. Contact mailing address:		
11. City/Town:	12. Postal Code:		
13. Telephone:	14. Email:		
15. State mission/goals of your organization (briefly):			
16. How long has your organization been active in Golden or CSRD Area A?			
17. What are the long-term objectives of your organization?			
18. Has the Trust provided funds to your organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please outline below the most recent.			
Year Granted	Name of Project	Funds Awarded	Year Completed

Section B – Project Screening Information		
1. All projects must meet the following requirements to be considered for funding under this program. Check to show that your proposal includes the following elements and give details where indicated. All sections must be answered.		
a. Is consistent with the mission of the Columbia Basin Trust: to support efforts by the people of the Basin to create a legacy of social, economic and environmental well-being and to achieve greater self-sufficiency for present and future generations.	<input type="checkbox"/> True	<input type="checkbox"/> False
b. Will not relieve any level of government of its normal obligations.	<input type="checkbox"/> True	<input type="checkbox"/> False
c. Will not promote any form of discrimination.	<input type="checkbox"/> True	<input type="checkbox"/> False
d. Will not cause environmental degradation.	<input type="checkbox"/> True	<input type="checkbox"/> False
e. Has been developed in consultation with involved/affected individuals.	<input type="checkbox"/> True	<input type="checkbox"/> False
2. The project requires land or building owner, government approval or permits (e.g. local, provincial or federal authorities such as Town of Golden, CSRD, Interior Health, Ministry of Transportation, Ministry of Environment or Fisheries).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If the project requires approvals or permits, are these in place? Include details here:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will minors be working on the Project? If yes, you, the Proponent, will ensure partners and subcontractors conduct criminal record checks on any person working with minors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section C – Project Information (The type/font used in the responses must be readable.)
1. Title of proposed project:
2. Location(s) of the project:
3. Provide a brief summary or scope statement (1-2 sentences max.) of your project:
4. Why is this project needed?
5. Who will your project benefit? (Which groups? How many people? How will they be impacted?)
6. Project Work Plan: What will be done and when? Include start date (after March 2017), key phases, significant milestones and completion date. (The Project must be completed before January 8, 2018.)

7. Is this a onetime event or a continued initiative? If it is a continued initiative, how will it be sustained through other funds or support?

8. Explain why this project does not duplicate existing services or activities? If there is overlap with other community projects, what have you done to partner with those affected?

9. Project Partners: List groups or individuals cooperating in this project and their contributions.

10. Issue Areas of Focus (check all that apply from *Golden & Area A's Vital Signs Report*):
 Select the project's top 5 Issue Areas. (*No more than 5 will be evaluated.*)

Issues Areas – Citizen Priority	Project Objectives (Planned benefits measured in real terms.)	Anticipated Outcomes (Those important but often difficult-to-precisely-measure long-term results.)
<input type="checkbox"/> Economy – 1 st Citizen Priority		
<input type="checkbox"/> Work – 2 nd Priority		
<input type="checkbox"/> Getting Started & Staying – 3 rd Priority		
<input type="checkbox"/> Health – 4 th		
<input type="checkbox"/> Housing – 5 th		
<input type="checkbox"/> Recreation & Leisure – 6 th		
<input type="checkbox"/> Learning – 7 th		
<input type="checkbox"/> Environment – 8 th		
<input type="checkbox"/> Getting Around – 9 th		
<input type="checkbox"/> Gap Between Rich & Poor – 10 th		
<input type="checkbox"/> Safety – 11 th		
<input type="checkbox"/> Arts & Culture – 12 th		
<input type="checkbox"/> Belonging & Leadership – 13 th		

11. Up to five pages of additional optional attachments may be attached to the project proposal. Any additional pages above the limit will be removed before evaluation. Attachments exhibiting fonts less than 9 point may not be considered. Additional attachments could include the following:

<input type="checkbox"/> Information on the organization that supports the organizational capacity required for this project	
<input type="checkbox"/> Letters or quotes of support for the project	<input type="checkbox"/> Additional project, quotes and/or budget detail
<input type="checkbox"/> Research supporting the project	<input type="checkbox"/> Other – specify below

Section D – Project Budget Information (The type/font used in the responses must be readable.)

1. Project Budget Summary

Expense Type	Component Description	Requested CIP/AAP Funds	Other Funds	Source of Other Funds	Funds Secured? Yes/No	Total Cost of Component
Salary/Benefits						
<i>Wages and salaries must be project specific and contracted for a specific time period.</i>						
Professional Fees						
Expenses						
	Funding Totals:					

↑ Use this amount to complete #2 of Section A.

3. I certify that this application for funds has been approved by my Organization. The personal information requested on this funding application is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and will be used by Columbia Basin Trust (the Trust) for administrative and evaluative purposes only. The collection, use and disclosure of personal information is subject to the provisions of the FOIPPA.

By submitting this funding application, you hereby acknowledge that the Trust may disclose this application, and the information contained herein, including but not limited to your name, budget, location and the amount and nature of any related funding to the public, individuals or any other entity to the extent allowed by FOIPPA. You further agree that the Trust may proactively disclose to the public your name, location, amount and nature of funding granted. Any questions regarding such may be directed to: FOIPPA Inquiries, Manager, Operations, Columbia Basin Trust, Suite 300, 445-13th Ave., Castlegar, BC, V1N 1G1, 1-800-505-8998.

(Digital signatures are accepted (through Adobe or by simply typing the applicant's name and email address). There is no need to print and sign this document.)

Name:	Signature:	Date: