

PRE-APPLICATION WORKSHEET

This worksheet is an optional tool for preparing your application entries and/or collaborating with others involved in your project. This worksheet will not be accepted as your application to the Program. You must apply using the online application form.

All the questions you will be asked to complete on the online application form are below. Keep your entries precise and clear. It is important to note that space in some sections is limited and the maximum word allotment is identified in the sections.

APPLICANT INFORMATION

Registered Applicant/Organization Information (See *Application Guide* for details on who is eligible to apply)

Organization Legal Name

Registration Number

Mailing Address

City Province Postal Code

Signing Authority at the Registered Applicant/Organization

Signing Authority Name

Phone Number

Email Address

Primary Contact at the Registered Applicant/Organization – if different from above

Primary Contact Name

Phone Number

Email Address

Is the **Registered Applicant/Organization** sponsoring an unregistered organization who will be leading the project? If yes, complete the details below for the **Project Lead/Sponsored Organization**.

If you are sponsoring an ineligible organization, the application must be completed and submitted by the eligible **Registered Applicant/Organization**.

yes no

**the following section will only appear if the applicant indicates yes, above*

Project Lead/Sponsored Organization



Organization Legal Name

Mailing Address

City Province Postal Code

Primary Contact at Project Lead/Sponsored Organization

Primary Contact Name

Phone Number

Email Address

Organization Mandate

Section B - Screening Information

All partners involved in the project have been consulted. (If you do not have any other partners, indicate "True").	<input type="checkbox"/> True <input type="checkbox"/> False
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PROJECT DETAILS

Project Title

Project Location

You will be asked to select location(s) from a drop-down menu which represents applicable Municipalities and Rural Areas, please choose all that are relevant.

Estimated Start Date

Estimated Completion Date

What will the project do? How will this be achieved? (220 words)

What issues or opportunities will be addressed? How were they identified? (150 words)

Where will this project take place? (100 words)

Who will be involved in implementing the project? (100 words)

Explain why this project is important to your community. Who will benefit from the project? (150 words)

How will the project be evaluated and how will you know if it has been successful? (150 words)

Describe how your organization is best suited and has the capacity to deliver the project. (150 words)

Select the area your project will work towards:

Cultural



- Social
- Environmental
- Economic
- Other _____

Will minors be working on this project? y/n

Is the project labour 100% volunteer? y/n (If no, the Proponent, contractor or sub-contractor MUST be able to provide proof of current WCB coverage.)

Work Plan

Provide brief descriptions of your proposed project activities along with timelines for each.

Activity	Overseen by	Start Date	End Date

PROJECT CASH BUDGET

List specific budget items under each heading to identify your project's total expenses. In the final column, indicate the amount of funding from CIP/AAP you wish to allocate against each budget line.

Administration

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

Contract Fees and/or Staff Wages

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

Capital Purchases and Equipment Rentals

Cash Budget Item	Total Amount Required	Requested from CIP/AAP



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Other Project Costs (Be Specific)

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

TOTAL PROJECT CASH BUDGET \$

TOTAL REQUESTED FROM CIP/AAP \$

CASH REVENUE SOURCES

Enter the funds received or requested from other sources. Your *Total Project Cash Budget* should equal your *Total Cash Revenue Budget* to show you have enough funds to complete your project.

Source Name	Confirmed (Y/N)	Amount
CIP/AAP	No	<i>Will auto-populate with TOTAL REQUESTED FROM CIP/AAP</i>

TOTAL CASH REVENUE BUDGET \$

FUNDING REQUESTED

Enter the amount of CIP/AAP funding you are requesting from each municipality or electoral area. This should equal your *Total Requested from CIP/AAP* above.

- Registered non-profits and not-for-profit organizations may request any value of funding from each electoral area and municipality.
- If a Registered Applicant/Organization is applying on behalf of an unregistered organization, they may request any value of funding from each electoral area and municipality.
- Non-registered non-profits and not-for-profit organizations may only request funding support from electoral areas and municipalities to an overall maximum of \$4,999 per project proposal.

Community Initiatives Fund (CIP)			
Electoral Area A	\$	Village of New Denver	\$
Electoral Area B	\$	Village of Silverton	\$



	Electoral Area C	\$	Village of Slocan	\$	
	Electoral Area D/Kaslo	\$	<u>Affected Areas (AAP)</u>		
	Electoral Area E	\$	Electoral Area D	\$	
	Electoral Area F	\$	Electoral Area J	\$	
	Electoral Area G/Salmo	\$	<u>Initiatives & Affected Areas Combined</u>		
	Electoral Area H	\$	K - Arrow Park	\$	
	Electoral Area I	\$	K - Burton	\$	
	Electoral Area J	\$	K - Fauquier	\$	
	City of Castlegar	\$	K - Bayview/Nakusp/ Rural Nakusp	\$	
	Town of Creston	\$	K - Edgewood	\$	
	City of Nelson	\$		\$	

IN-KIND SOURCES & CONTRIBUTIONS

What contributions are being made to the project other than cash?

Is this project or a component of the project viable if the full funding request is not approved?
(y/n)

SUPPORTING DOCUMENTS

Are you providing additional material that provides further evidence to support your project idea (such as letters of support, outcomes of community engagement, report executive summaries, quotes, approvals maps, etc)?

List what you are submitting:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

You may upload up to six supporting documents.

Before uploading your supporting document, ensure the file name is clear and identifies the content.



File size may not exceed 3MB per document.

ADDITIONAL INFORMATION

Is there anything else you would like to add that has not already been mentioned?

DECLARATION

1. I represent the Registered Applicant/Organization and I am authorized to submit this Application.
2. The information I have provided in this application is true, accurate and complete in every respect.
3. The Regional District of Central Kootenay and its agents shall not be obligated in any manner to any applicant whatsoever and reserves the right to fully, partially or not fund any application submitted.

By submitting this application, I hereby acknowledge that the Regional District of Central Kootenay and its agents may disclose this application, and the information contained herein—including but not limited to name, budgets, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by FOIPPA.

4. I further agree that the Regional District of Central Kootenay and its agents may proactively disclose to the public my name and location and the amount and nature of funding granted.
5. Any questions regarding such may be directed to: foi@rdck.bc.ca

I have read and agree to the declaration above. *



I Agree

Date

mm/dd/yyyy

Applicant Name

type in

Applicant Title

type in