

APPLICATION FORM

VANCOUVER ISLAND COMMUNITY IMPACT GRANT PROGRAM

CONTACT INFO

First Name

Last Name

Co-op Name

E-mail

Preferred Phone Number

Pronouns:

They

She

He

None of the above _____

Age Range:

Youth (12-24)

Adult (25-54)

Older Adult/Senior (55+)

Prefer not say

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Address:

The preferred way for us to connect with you? Please select all that apply:

Phone

Email

Text

PROJECT INFO

What is the name of your project?

Which area will your project make an impact (choose all that apply)

Reducing your co-op's environmental footprint

Enhancing social inclusion and community engagement

Encouraging co-operation among co-operatives

Pursuing reconciliation with Indigenous communities

Promoting sustainable food systems and food security

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When will your project take place? Include Month, Day and Year. If you do not know the exact date please provide an approximate date or date range.

Who will help you plan and execute your project? Choose all that apply.

Family/Housemates

Fellow Co-op members

Community members

Other

How will you promote your project? Choose all that apply.

Word of mouth

Posters/flyers

Social media E-mail

Other

How many people do you expect to be involved or impacted by your project?

5 or less

6-10

11-20

21-50

51-100

More than 100

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Describe your project idea and vision. Tell us how it will impact the area(s) you chose above. (Attach additional pages as needed.)

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Do you have other funding support? Please list the source and amount Eg. Co-op Funds, Donations

Source	Amount

Has the board approved the submission of this project and agreed to the terms and conditions?

Yes or no

Board contact information:

Name: _____

Contact number _____

E-mail _____

How did you hear about the Vancouver Island Community Impact Fund?

- Neighbour
- Newsletter
- Board
- Event
- Website
- Social Media

***Thank you for applying to receive a Vancouver Island Impact Grant!
To submit your application please send it to
impactgrant@chf.bc.ca along with any questions you may have.***