



Project Title:

Name of primary applicant:

Address of primary applicant:

Phone number:

Email address:

PROJECT OVERVIEW

Project description:

Provide a brief description of your proposed project

How will the project benefit residents of Colwood?

Address where the project will be located:

Photo(s) of project location included in package:

Yes No

Is the project in a location where permission is required? (for example City property or school property)

Permission required Permission not required

What is the intended lifespan of the project? <1 year 2 years 3 years 4 years 5 years

How will the project be maintained?

Proposed project start date:

Proposed project end date:

Will the project be implemented within one year of receiving grant funds?

Yes

No

WORKPLAN SCHEDULE

Describe your proposed workplan for the project:

Date	Milestone

PROJECT BUDGET INFORMATION

Grant amount requested:
(must not exceed 50% of total cost) \$ _____

Matching community contribution:
(labour, materials, etc.) \$ _____

What is the **total cost** of the proposed project?
(including community donation) \$ _____

BUDGET – Items Funded by Grant	Amount
TOTAL REQUESTED	\$ _____

BUDGET – Items Funded by Community	Amount
TOTAL	\$ _____

DECLARATION

I certify that the information given in this application is correct. I agree to the following terms:

- The grant application meets all eligibility requirements.
- The proposed project will be carried out when and as described in the application. If there are significant changes or it is not completed, I am responsible to notify the City of Colwood of any changes and I am required to return the funds back to the City.
- I assume all liability for activities associated with the proposed project implementation and for all life cycle costs described above.
- The proposed project complies with all applicable municipal policies, bylaws and requirements of the City of Colwood respecting use of City property.
- I acknowledge that information contained in this application will become a matter for the public record and is subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act.

Date:

Applicant Name:
(please type or print)
Signature:

ATTACHMENTS

- Photo(s) of project location
- Letter confirming permission to use space if required