

2015 CITY OF KAMLOOPS Neighbourhood Matching Fund

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Phone: (250) 828-3582 **Fax:** (250) 828-3619

City of Kamloops

Mail: 910 McGill Road Kamloops BC

V2C 2C6

2015 Submission Deadlines	January 14
	February 11
	March 11
	April 15
	May 13
	June 10
	September 9
	October 14
	November 11
	December 2

The Social Planning Council reviews these applications and makes recommendations to City Council. City Council makes the final decision on the allocation of funds. A submission of an application does not guarantee funding support.

Application Process

- **1.** Neighbourhood Matching Fund application submitted 2 weeks prior to Social Planning Council meeting.
- **2.** Social Planning Council and City staff to review all applications. Applicants may be requested to make a presentation to the Social Planning Council.
- **3.** Social Planning Council submits final report to City Council with recommendations for the allocation of funding.
- **4.** Notification of approval or denial will be provided to all applicants. Cheques will be issued to successful applicants within 30 days.

DIRECTION FOR COMPLETING APPLICATION FORM

- 1. Please fill in all the blank spaces and give as much detail as possible. This will assist us in making an accurate assessment of your request.
 - Applications are available online at www.kamloops.ca/ca or email the Community Development Coordinator at bchobater@kamloops.ca.
- 2. Please ensure the following documents are attached. If any one of these documents is not included, your application will be deemed incomplete.
 - Completed and signed Neighbourhood Matching Fund Application Form;
 - Neighbourhood Matching Fund Budget Worksheet, and;
 - Letters of Support obtain and attach a minimum of **one (1)** letter of support from members of your neighbourhood for this project application.
- 3. The Neighbourhood Matching Fund Project Work Plan is a tool to provide structure to your project and **not** necessary for an application to be considered complete.
- 4. If you have any questions, please contact Ben Chobater at 250-828-3582 or email bchobater@kamloops.ca.
- 5. On acceptance of a Neighbourhood Matching Fund grant, your organization agrees to provide an accounting of how the grant was within 90 days of project completion.

GUIDELINES

All applications to the City of Kamloops Neighbourhood Matching Fund will adhere to the following guidelines:

- 1. Programs/activities/events of the community association will meet the following objectives:
 - Build connections between neighbours;
 - Involve community residents and empower them to become engaged with their neighbours;
 - Support resident capacity building and neighbourhood vision through active participation;
 - Enable residents to develop a sense of ownership and pride in their neighbourhood; and
 - Address needs/gaps as identified in the Kamloops Social Plan and the Kamloops Sustainability Plan.
- 2. Priority will be given to programs/activities/events that meet the following objectives:
 - Improve safety, accessibility, and mobility;
 - Enhance neighbourhood celebration and beautification;
 - Encourage diversity and inclusion; and
 - Enhance education opportunities that promote sustainability such as integrated pest management, food security through public produce, community gardens, parks, and livability.
- 3. Programs/activities/events of the community association **MUST NOT**:
 - Provide direct financial assistance to individuals or families;
 - Replicate existing public or private programs;
 - Reimburse an association's operating expenses not directly linked to the awarded project; and
 - Fund any alcohol, tobacco or gambling expenses.
- 4. Advice provided by individual Social Planning Council members, advisory committee members, or City staff does not guarantee funding.



NEIGHBORHOOD MATCHING FUND APPLICATION FORM

Applicant Information		
Name	of community association:	
Conta	ct person:	Position:
Phone	one: Email:	
Altern	ernate contact: Phone:	
Mailing address and postal code:		
Physical address (if different):		Society# (if applicable):
1.	Name of Project.	
2.	2. Project Description. Please describe the neighbourhood project.	
3.	Project Goal and Expected Outcomes. What will the project achieve?	
4.	Addressing Kamloops Social Plan. Describe how your project will address the goal(s) of the Kamloops Social Plan. Link: http://www.kamloops.ca/socialdevelopment/socialplan/pdfs/09-SocialPlan.pdf	
5.	Neighborhood Participation. How will your project encourage neighborhood participation?	
6.	Other Funders. List other funders for t	his project.
7.	Project Partners/Community Support. Please list all of the proposed and confirmed partners (e.g. Rotary/Lions Club, United Way, First Nations, other local government, etc.) and their role in the project.	

8.	Sustainability/Legacy. Will a physical, cu this project?	ltural or environmental legacy created from
9.	Additional Comments or Information.	
10.	Required Documents. Please indicate that the following information is attached to your application. Your application will not be reviewed until this information is provided.	
	☐ Budget Worksheet ☐ Application (signed)	Minimum one letter of support
The information included in this application is true and correct to the best of my knowledge.		
Comm	nunity Association President/Chair	Treasurer
		Date
Please send completed application forms and all required attachments to:		
Email	bchobater@kamloops.ca	
Fax:	(250) 828-3619	

(250) 828-3619

City of Kamloops attn: Ben Chobater

910 McGill Road Mail:

Kamloops BC

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Questions can be directed to the Community Development Coordinator at (250) 828-3582 or bchobater@kamloops.ca.

BUDGET WORKSHEET DEFINITIONS

Complete the budget worksheet as accurately and completely as possible based on your forecast of expenses and resources for the neighbourhood project. Attach the budget worksheet to your application submission.

PART ONE: EXPENSES

In this section, please list <u>ALL</u> items that must be paid for in order to complete your project. Expenses include all materials and supplies, and fees for professional services.

Please keep all original receipts.

PART TWO: RESOURCES

In this section, carefully and thoroughly record all donations and resources that you have secured or are trying to secure in order to complete your project. All donated materials and supplies, professional services, and cash sources are considered part of your "match" to the project.

Sections A + B (see below) needs to be equal to or greater than the amount you request from the Neighbourhood Matching Fund.

Section A: Donated Materials, Supplies, and Professional Services

All donated materials and supplies (food, paper, flowers, wood, paint, tools, etc.) are valued at their retail prices. Borrowed equipment can also be considered as part of the match, valued at the standard rental fee. Donors of the materials and supplies must provide documentation on their letterhead of the value of the donation.

Donated professional services are valued at the going rate for the profession and are not to exceed 50% of total grant contribution. Please list all donated professional services, including type and number of hours donated at their rate. **Examples of professional services could include printing, graphic design, professional photography, landscape architecture, etc.**

Section B: Cash Sources

List all sources of cash support, including funds raised from fundraising efforts, business sources, individual donations, grants, and other directed funding.

NEIGHBOURHOOD MATCHING FUND BUDGET WORKSHEET

PART ONE: Project Expenses - Please list all items that must be paid for in order to complete your project.

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Expenses		Value (\$)
	Total Expenses	
PART TWO : Resources - Please list all donated resources, including donated materials and supplies, professional services, and cash.		
A. Donated Materials, Supplies and Professional Services	Source	Value (\$)
Total Donated Materials, Supplies, and Pro	fossional Sorvices	
Total Donated Materials, Supplies, and Pro	nessional Services	
B. Cash Support		Value (\$)
	Total Cash Support	
		1
	Grand Total (A + B)	
Neighborhood Matching Fund Grant - Amount Requested **		
**Amount Requested must <u>not</u> exceed Total Expenses from Part One		

If you require assistance or have any questions regarding the Budget Worksheet please email bchobater@kamloops.ca or call (250) 828-3582

NEIGHBOURHOOD MATCHING FUND WORK PLAN

Name of Project:	Project Start date:	Estimated Completion date:

TIMELINES	ACTIVITIES
11112211123	7.CTIVITIES
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Additional comments: