

**Project Title:**

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Name of primary applicant:

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Address of primary applicant:

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Phone number:

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Email address:

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## PROJECT OVERVIEW

Project description:

Provide a brief description  
of your proposed project

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How will the project benefit  
residents of Colwood?

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Address where the project  
will be located:

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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

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How will the project be maintained?

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Proposed project start date: 

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Proposed project end date: 

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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
<b>TOTAL REQUESTED</b>	<b>\$</b>

BUDGET – Items Funded by Community	Amount
<b>TOTAL</b>	<b>\$</b>

**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
- ☐ Letters of support from three Colwood residents (listed below)

1. Name of resident: \_\_\_\_\_ Letter attached: ☐ Yes

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name of resident: \_\_\_\_\_ Letter attached: ☐ Yes

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name of resident: \_\_\_\_\_ Letter attached: ☐ Yes

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_