

Date:

Section 1. Identification

Name of Organization

Mailing Address

City

Province

Postal Code

Phone Number

Email

Name of Contact person

First

Surname

Contact Email Address

BC Society Act Reg #

Federal Charitable # (If applicable)

Registered Charitable Partner (If applicable)

Enter the identification information for your registered charitable partner. Include a copy of the [Registered Charity Partnership Agreement](#). See [Guidelines](#) for Partnering with a Registered Charity and Non-charity and Registered Charity Partnership Agreement.

Name of Registered Charitable Partner

Mailing Address

City

Province

Postal Code

Phone Number

Email

Federal Charity Reg #

Partner's relationship to your organization

Section 2. Organization Information

Mission and leadership alignment: Who are you as an organization?

Describe your organization's mission and purpose, & how they support the purpose of the BVCF.

Describe how your organization actively brings an equity lens to its work using the 'nothing about us without us' principle.

*Funded by the Government of British Columbia through the
Community Prosperity Fund*

Section 3. Community Needs

How are you supporting your community? What are your community's primary needs? Explain how this funding will support the needs of your community.

What is the primary population that would be served by this funding? What other populations would this funding serve?

*Funded by the Government of British Columbia through the
Community Prosperity Fund*

Section 4. Organizational Needs

**How will this funding support your work?
Describe the purpose of your funding request.**

If you are applying for operational expenses, what are your organization's primary need(s) to support long-term operations? How will this funding support these organizational needs? If you are applying for project delivery funding, how will this funding support your organization's mission long-term?

*Funded by the Government of British Columbia through the
Community Prosperity Fund*

Section 5. Feasibility and Viability

Is your funding request realistic? How many years will your activities will take place. Describe the activities, as well as, the month and year in which they will take place. Example: Dec. 2024 – March 2025: completed 6 training sessions.

Specify how the BVCF support will be acknowledged.



Funded by the Government of British Columbia through the Community Prosperity Fund

Section 6. Budget

BVCF Prosperity Fund Grant Application Form Budget Template

Organization Name and Project

Requested BVCF Prosperity Funding

OTHER SOURCES OF ANTICIPATED INCOME - PLEASE LIST ALL SOURCES IN TABLE BELOW

Example: Other grants, cash, in-kind contributions volunteer support, etc.

Source	Amount(\$)	Description/Notes

Total Income (Requested BVCF Prosperity Fund Grant Amount + anticipated Income) \$

PROJECT EXPENSES - PLEASE LIST ANTICIPATED EXPENSES IN TABLE BELOW

Example: Staff, equipment, cost of goods, etc. (additional space on page 7)

Expense	Amount(\$)	Description/Notes

(Please state totals on page 7)

