

Prgra Applcation

**COMMUNITY PLACEMAKING PROGRAM  
APPLICATION FORM**

**SECTION 1 - Project Title**

Click or tap here to enter text.

# section 2 - APPLICANT profile

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Street Address or PO Box:** |  | | |
| **City/Town/Village:** |  | **Postal Code:** | Postal |
| **Email:** |  | | |
| **Website:** |  | | |
| **Incorporation/Society Number** |  | | |

## Designated Officer (Signing Authority)\*

|  |  |
| --- | --- |
| **Officer’s Name:** |  |
| **Position:** |  |
| **Phone:** |  |
| **Email:** |  |

## Primary Contact\*

|  |  |
| --- | --- |
| **Name:** |  |
| **Position/Title:** | Click or tap here to enter text |
| **Phone:** | Click or tap here to enter text |
| **Email:** | Click or tap here to enter text |

**\*Contact names cannot be consultants**

# section 3 – PROJECT Information

## rationale

*Please explain what specific challenges and opportunities your project addresses, why the project is important to recovery and rebuilding efforts, and how it addresses community vitality.*

Click or tap here to enter text.

## concept or design

*Please describe your project concept or design.*

Click or tap here to enter text.

## location

*Please describe the location of the project in relation to the downtown core (include address and proposed boundaries.)*

Click or tap here to enter text.

## activities

*List the specific physical works or activities to be undertaken.*

Click or tap here to enter text.

## community engagement

*Describe how the community has been engaged in the design of the project.*

Click or tap here to enter text.

## benefits

*Describe how you anticipate the space being used once the project is complete how it will foster new or increased commercial activity. Will this project contribute to visitor attraction and/or improved quality of life in your community?*

Click or tap here to enter text.

## Accessibility

*How does this project incorporate best practices to enable individuals of all abilities to benefit from the proposed project?*

Click or tap here to enter text.

## innovative practices

*Please highlight any innovative practices being duplicated or adapted for your project or highlight any “new ways of doing things” which will be pioneered by your project.*

Click or tap here to enter text.

# SECTION 4 – PROJECT TIMELINES

**Project Start Date:** Click or tap here to enter text.

**Project Completion Date:** Click or tap here to enter text.

## pERMITS AND APPROVALS

*Please describe all permits and approvals required and the status of approvals.*

Click or tap here to enter text.

## Implementation Plan

*Provide a detailed timeline that specifies when key milestones will be achieved.*

Click or tap here to enter text.

# Section 5 - ORGANIZATION CAPACITY

## **Organization Profile**

*Describe your organization’s mandate and capacity to successfully complete this project. Attach a copy of your latest annual report.*

Click or tap here to enter text.

## DEMONSTRATED NEED FOR FUNDING

*In order to help us understand need, why do you require external funding for this project*?

Click or tap here to enter text.

## Performance Measurement

*Describe how you intend to measure success in achieving project benefits.*

Click or tap here to enter text.

## PROJECT SUSTAINABILITY

*Describe how the new capital asset will be maintained and if operational funding is required, how it will be financed**?*

Click or tap here to enter text.

# Section 6 – project cost information

*Please complete and attach the budget template form.*

# Supporting Documentation

Organization’s latest financial statement (audited if available)

Organization’s annual report

Concept plans, cost estimates or quotes

Permits/Approvals/Authorization letters

# SUBMISSION

Application Form and all supporting documents should be submitted electronically, by email to [info@islandcoastaltrust.ca](mailto:info@islandcoastaltrust.ca).

# AUTHORIZATION

I/we certify that the information provided in this Application Form is to the best of my/our knowledge, complete, true and accurate.

I/we authorize the Island Coastal Economic Trust to make any enquiries of persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations operating in our organization’s field of activities, to collect and share information with them, as the Trust deems necessary, in order to reach a decision on this application, to administer and monitor the implementation of the project and to evaluate results after project completion.

I/we agree that the information provided in this application form may be shared with the appropriate regional advisory committee(s), Board of Directors, trust staff and consultants.

I understand that the information in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FOIPPA).

I/we also understand that all Trust correspondence, relative to our Application, must be kept confidential and that any breach whatsoever of confidentiality will immediately result in the annulment of the Application.

I/we agree to submit reporting materials as required by the Trust, and where required, financial accounting for evaluation.

|  |  |
| --- | --- |
| Name of Authorized Representative(s): | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |