

Please ensure you use the [free Adobe Reader](#) program to complete this form.



APPLICANT AND PROJECT SUMMARY

Project Title	Date Submitted (dd mmm yyyy)

Application Information	
Organization Name:	Website:
Street Address or PO BOX:	City/Town/Village:
Postal Code:	Incorporation/Society Number:

Primary Organizational Contact	
Name:	Position:
Phone:	Email:

Timeline	
Start Date:	End Date:

ABOUT YOUR PROJECT

What is your project and how will it build or enhance a public space in your community?

Please provide an executive summary of your proposed project.

What type of place are you making?

Park	Street	Trail
Plaza	Vacant Lot	Other:

What will your public space create or enhance?

Arts, Culture, Language:
Sociability and Activities:
Diversity and Inclusion:
Accessibility and Safety:
Walkability and Bikeability:
Nature and Biodiversity:

Who owns the property for this place?

Public	Property Owner:
Private	Property Address:

Please paste a link to the address in [Google Maps](#)

What are your key objectives — and the results — that you will achieve through your project?

<u>Objective 1</u>	
Result	
<u>Objective 2</u>	
Result	
<u>Objective 3</u>	
Result	

Who will you collaborate with on this project?

<u>Organization</u>	<u>Project Relationship</u>	<u>Outcomes</u>

What direct employment do you anticipate this public space will create?

<u>Job Type</u>	<u>Estimated total number of new jobs</u>	<u>Hours of employment per week (average)</u>	<u>Total months worked per year</u>
Direct permanent full-time jobs:		35+ hours/week	12 months/year
Direct permanent part-time jobs:		hours/week	12 months/year
Direct seasonal jobs:		hours/week	months/year
Direct temporary jobs (eg. construction or consulting):		hours/week	months
Please list the job titles/roles for the new employment positions that will be created:			
Proposed Permanent New Full-Time Equivalent (FTE) Employment:			

How are volunteers engaged in this project?

Role of volunteers:			
Number of volunteers:		<u>Estimated volunteer hours:</u>	

PROJECT FUNDING

Funding Source(s):	Status:	Amount:
Island Coastal Economic Trust		\$
		\$
		\$
Total Project Funding:		\$

PROJECT BUDGET AND WORK PLAN

Activity	Responsibility	Budget	Expense Type	Start Date	End Date
List all key activities in the work plan for the project.	The person, partner or supplier responsible for each activity.	The planned cost for each activity.	Select the expense type.	(dd-mmm-yyyy)	(dd-mmm-yyyy)
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
6.		\$			
7.		\$			
8.		\$			
Total Project Expenses:		\$			

ATTACHMENTS

Please ensure that each of the following are attached with your complete funding application:

Project Concept Plan — A template is available for reference from our website here .
Quote(s) from qualified suppliers
If required — permit(s), approvals(s), or letter(s) of authorization for the project,
For first-time non-profit applicants — Constitution, Bylaws, and the society's current list of directors.

AUTHORIZATION

I/we certify that the information provided in this Application Form and attached documents are, 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/we agree that once funding is approved, any change to the project proposal will require prior approval of Island Coastal Economic Trust.
I/we understand that the information provided in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FIPPA).
I/we agree to submit reporting materials as required by the Trust, and where required, financial accounting for evaluation of project expenditures.

By entering my name here electronically, I (we) certify that the information in this application and in the attachments are accurate, complete, and fairly presented.

Name of Signing Authority for your Organization:	Title:	Date: (mm dd yyyy)

APPLY FOR FUNDING

Please submit this Application Form and all supporting documents electronically by email to info@islandcoastaltrust.ca.