

**How to Submit Grant Applications      THIS APPLICATION IS FOR GRANTS OF \$10,000 & OVER**

This is the cover page to the Application Forms to be used when applying for a grant from the GVSCU Legacy Foundation. There are two Application Forms; one for Grant requests of up to \$10,000 and one for over \$10,000. Please submit the Form appropriate for the grant your organization is applying for. If during the year you are applying for more than one Grant, you must submit a separate application for each.

**How to Complete an Application**

1. Download the Application Form to your computer and save it
2. Fill out the form on your computer
3. Fill out all the required fields, on the form itself. Do not say “see attached” and then put information that should be in the form in some other document. It will be discarded unread and your application may not be considered because it is incomplete.
4. The **ONLY** permissible additional documentation is
  - your organization’s Financial Report for the year immediately prior to the year in which you are making your application, and
  - Your current Budget

The Financial report and Budget is required for all Applications and must be in Optically Character Readable PDF format.

5. The Foundation does not need a detailed history of the Applicant from its beginnings to the present, but what would be of great assistance, so that the Foundation can form a picture of how inclusive the Applicant is, are
  - (i) whether or not anyone can partake of the Applicant's activities (**Answer in Sec 8**)
  - (ii) if a person must first belong to some organization or group in order to benefit (**Answer in Sec 9**)
  - (iii) about how many people in the Capital Region are served by the Applicant in a given time period such as a year (**Answer in Sec 8**) and
  - (iv) a statement as to how the Applicant's activities enrich the lives of our local citizens (**Answer in Sec 11**)
6. When the Application Form is complete, attach the Financial Report and Budget at the end, using the “insert” function in Adobe or in a similar program. Make sure that the attachments are in Optically Character Readable PDF format.
7. **Submit the Application as a single, multipage, document to the email address below. Please do not submit other documents. They will be discarded unread.**

**Privacy Policy**

The GVSCU Legacy Foundation has established a Privacy Policy which deals with how information, including personal information, received by it from Applicants will be disclosed, used and retained. To obtain a copy, please request one by email.

**Application Deadlines**

The Deadline Dates for applications for funding are April 30 and September 30 each year. While requests for funding may be submitted at any time, all applications received complete by

- (i) **April 30:** will be considered on and after May 1;
- (ii) **September 30:** will be considered on and after October 1;

**The Addresses of the Foundation are:**

|  |   |
|--|---|
| <b>Email Address:</b><br><a href="mailto:give@vancity.com">give@vancity.com</a><br>(DO NOT SEND APPLICATIONS BY POSTAL MAIL. THE POSTAL ADDRESS IS FOR OTHER COMMUNICATIONS.<br><br>Rev 2022 | <b>Postal Address:</b><br>GVSCU Legacy Foundation,<br>C/O Vancity Community Foundation,<br>810-815 W. Hastings Street<br>Vancouver, BC V6C 1B4<br>(Never for Applications and ONLY for other communications that cannot be emailed) |
|--|---|

**GVSCU LEGACY  
FOUNDATION**
**GRANT APPLICATION FOR GRANTS OF \$10,000 & OVER**

This form is to be used in applying for grants of \$10,000 and over from the GVSCU Legacy Foundation.

**Who GVSCU Legacy Foundation is**

In 2008, Greater Victoria Savings Credit Union, after many years of service in the Greater Victoria area, merged with Vancouver City Savings Credit Union. The GVSCU Legacy Foundation is an independent, endowed Foundation. It was incorporated in 2009 in commemoration of the Greater Victoria Savings Credit Union and its long history of charitable work in the Greater Victoria area. The funding for its endowment was provided by VanCity as part of the merger agreement. Its purpose is to provide grants to organizations engaged in non-profit endeavours in the area formerly served by the Greater Victoria Savings Credit Union in the Capital Regional District of British Columbia.

| <b>SECTION A</b>   |     | <b>APPLICANT INFORMATION</b>   |  |
|--|-----|--------------------------------|--|
| Organization Name:   |     |                                |  |
| Organization Address:  |     |                                |  |
| Registered Charitable #  |     | If not registered, check box → |  |
| Organization Phone #   |     |                                |  |
| Organization Fax #   |     |                                |  |
| Organization Website   |     |                                |  |
| Organization Email   |     |                                |  |
| Organization's Year End is (date)  |     |                                |  |
|  |     |                                |  |
| Main Contact Person's Name   |     |                                |  |
| Phone #  |     |                                |  |
| Fax #  |     |                                |  |
| Email  |     |                                |  |
|  |     |                                |  |
| Executive Director's Name  |     |                                |  |
| Phone #  |     |                                |  |
| Fax #  |     |                                |  |
| Email  |     |                                |  |
|  |     |                                |  |
| Is your organization not for profit?   | yes | no                             |  |
| Does your organization have as one of its purposes the promotion of, adherence to or carrying out of political objectives, or is it controlled by one that does? | yes | no                             |  |
| Does your organization have as one of its purposes the promotion of, adherence to or carrying out of religious objectives, or is it controlled by one that does? | yes | no                             |  |
| Does your organization carry on activities <b>entirely</b> in the Capital Regional District (CRD) of British Columbia?   | yes | no                             |  |
| If your organization does not carry on activities <b>entirely</b> in the CRD does it carry them on <b>primarily</b> in the CRD?                                  | Yes | no                             |  |
| Is the project for which you want funding to be primarily in the Capital Regional District of British Columbia?  | yes | No                             |  |

**Describe How Your Board of Directors is Chosen**

e.g. are they elected, and if so by whom (membership at large, or by some sub-group; elected and if so by whom (another body, the previous Board, etc.); or partly elected and partly appointed and if so how and by whom.

**290 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

**Please Set Out the Names, Home or Business Addresses, Home or Office Telephone Numbers, Position Held and Date the Current Term of Office Will Expire for all Members of your Board of Directors**

|           | <b>Name, Address, &amp; Telephone Number</b> | <b>Position Currently Held<br/>(e.g. President, Treasurer,<br/>Member at Large)</b> | <b>Date That<br/>Current Term of Office<br/>Will Expire</b> |
|-----------|--|---|---|
| <b>1</b>  |  |   |   |
| <b>2</b>  |  |   |   |
| <b>3</b>  |  |   |   |
| <b>4</b>  |  |   |   |
| <b>5</b>  |  |   |   |
| <b>6</b>  |  |   |   |
| <b>7</b>  |  |   |   |
| <b>8</b>  |  |   |   |
| <b>9</b>  |  |   |   |
| <b>10</b> |  |   |   |

| <b>SECTION B</b>  | <b>PROJECT INFORMATION, COMMUNITY &amp; RECOGNITION</b> |  |                   |                               |
|---|---|--|-------------------|-------------------------------|
| 1. Project Name   |   |  |                   |                               |
| 2. Total Project Budget   | \$  |  | over              |                               |
|   |   |  | years             |                               |
| 3. Total Requested from GVSCU Legacy Foundation   | \$  |  | over 1 year until |                               |
|   |   |  |                   | <i>(project's end date)</i> ↑ |
| <p><b>4. Proposal Summary</b><br/>           Please provide a short summary describing the project , why funding is required and what the goals of the project are.<br/>           535 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try &amp; change the default font. Doing either may cause your application to be rejected.</p>   |   |  |                   |                               |
|   |   |  |                   |                               |
| <p><b>5. Organization</b><br/>           Please describe your organization's purpose or mission.<br/>           245 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try &amp; change the default font. Doing either may cause your application to be rejected.</p>  |   |  |                   |                               |
|   |   |  |                   |                               |
| <p><b>6. Suitability to the Proposed Project &amp; How You Will Work With Partners &amp; The Community</b><br/>           Please tell us why your organization is suited to the proposed project and how it will work you're your organization's partners and your community to achieve this.<br/>           585 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try &amp; change the default font. Doing either may cause your application to be rejected.</p> |   |  |                   |                               |
|   |   |  |                   |                               |

**RELATION TO STRATEGIC PLAN**

**7. Please tell us how your project relates to your organization's strategic plan or direction.**

390 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**8. Clearly describe the target population or community to be served by your project (simply name them in 10 or fewer words) including if it is being done in partnership with any other organization or person and who they are (Simply name the organizations without explaining anything about them – if there are none, just enter "NO OTHERS").**

195 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**9. Is your project accessible to anyone from the target population or community who is interested in participating. Do any barriers exist that might prevent some people from participating and if so how do you work to eliminate those barriers?**

290 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**10. Please tell how the assistance of the GVSCU Legacy Foundation will be recognized.**

195 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**11. (a) What is the need in the target population or community that your project aims to address?**

**(b) What needs assessment data supports your statement of need?**

**(c) Are there established best practices in the area of concern?**

**(d) Will you be relying on these best practices or developing new, innovative, approaches?**

**(e) What other services or organizations currently address the need you have identified?**

830 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**12. (a) What is your organization's proposed solution to meet the need you have identified?**

**(b) What is your project's overall model of change?**

**(c) What specific activities do you intend to use to implement your proposed solution?**

490 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**13. Please identify the stages of your project and identify the timeline for each stage.**

245 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.

**14. Is the target population or community that your project aims to address involved in the design, implementation or evaluation of the project, and if so, how?**

**290 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

**15. What other community organizations or partners will be involved in your project & how?**

**290 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

**16. What aspects of your project do you plan to sustain once Foundation funding ends, or is this application for a project that will end regardless?**

**145 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

**17. Has your organization previously been funded by the GVSCU Legacy Foundation, and if so, when and for what project?**

**145 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

**18. Please set out a list of all funding your organization has applied for or intends to apply for to fund this project in the current year, including the name, address and contact information of each such funder, the amount applied for, whether or not the funding has been granted and if so how much, and for what specific project(s) each application was made, or if made to fund general operations, retire debt, etc.**

**440 Character Limit. Please do not attach any sheet with further information; any attachments will be discarded unread. Please do not try & change the default font. Doing either may cause your application to be rejected.**

| <b>SECTION C APPLICATION CERTIFICATION &amp; SIGNATURES</b>  |  |                      |
|--|--|----------------------|
| <p>We hereby make application for a GVSCU Foundation Grant and declare that the information provided in this application form and all accompanying documents are complete and true with no misrepresentation. We understand that making an application will not necessarily result in funding support from the GVSCU Foundation, and that funding may be granted in full or in part, and with conditions. We understand that the Board of Directors and support staff of the GVSCU Foundation will review our application and accompanying documents. We agree that a written report by a responsible officer of our organization such as the President or Treasurer will be made to the GVSCU Foundation no later than 3 months after our Organization's year end</p> <p style="text-align: center;">We certify that this application has approval from the Board of Directors of our organization. We understand that the GVSCU Foundation has established a Privacy Policy in accordance with applicable legislation, and that this Privacy Policy is available for inspection on request by any Member of our organization. We understand that by submitting this Application for a GVSCU Foundation Grant, the personal information found in the Application Form and accompanying documents will be collected, used, disclosed and retained in accordance with that Privacy Policy. We certify that where personal information about an individual is contained in the Application Form and accompanying documents we have obtained the consent of those individuals to the collection, use, disclosure and retention of their personal information as set out in the GVSCU Foundation Privacy Policy.</p> |  |                      |
|  |  |                      |
| <b>Digital or Typed Authorized Signature above and Type Name →</b>   | <i>(type position or title above)↑</i><br><br><i>Type Name In This Space</i> | <i>(Date Above)↑</i> |
|  |  |                      |
| <b>Digital or Typed Authorized Signature above and Type Name →</b>   | <i>(type position or title above)↑</i><br><br><i>Type Name In This Space</i> | <i>(DateAbove)↑</i>  |

The signers each acknowledge that if this application is signed electronically, then their electronic signatures are adopted as their signature under the *Electronic Transactions Act* SBC 2001 Ch. 10.

**CHECKLIST – In addition to the information contained in the Application you must provide the following documents. Have you**

|  |
|--|
| Signed & the Application form ?  |
| Attached in OCR PDF format your organization's Financial Report for the year immediately prior to this application and your Budget for the current year so that they all form one (1) document ? |