



OCEANSIDE PROSPERITY FUND APPLICATION PROCESS

Please read through the following information carefully before completing the Application Form below.

Overview

Oceanside Prosperity Fund

The Oceanside Prosperity Fund is part of a \$25 million investment from the Government of B.C. that advances poverty reduction and social inclusion. This fund, administered by the Parksville Qualicum Community Foundation for the Oceanside area, is part of the Government of B.C.'s commitment to supporting the non-profit sector and empowering local communities to make local decisions.

The Oceanside Prosperity Fund will provide up to three years of funding for the ongoing work of local community service organizations. Grants will be issued between \$5,000 and \$25,000 to be spent over 36 months, with reports annually until funds are exhausted by the receiver.

Eligibility Guidelines

Eligible organizations must meet the following criteria:

- You support communities in Oceanside, British Columbia;
- You are a charity, a sponsored not-for-profit organization, or an Indigenous-serving organization;
- You have not received funding from the [Lighthouse Organizations Fund*](#) or [Recovery & Resiliency Fund](#) or received a [2023 LEVEL BIPOC Grant](#).

*Organizations who applied to Lighthouse Organizations Fund can also apply to the Community Prosperity Fund (CPF) as applications are still under review. If your organization receives a grant from the Lighthouse Organizations Fund, our team will withdraw your CPF application to provide an equitable opportunity for other organizations to access funding.

- Interested applicants are encouraged to [visit our website](#) to review the Application Guide, including information on eligible activities and expenses funded.

Funds Can Support

1. Fund operational expenses that contribute to your organization's long-term resiliency (e.g., investment in digital infrastructure, support for staff training, developing organizational strategies and policies, salaries, rent, and other organizational costs).

2. Project delivery funding that addresses community needs. Participating organizations have up to three years for activities, providing space to implement the funding over time and in a way that works best. If you only need 1 or 2 years for the project, that works too.

Application Process

Organizations should submit their application using the attached fillable form, and:

- Review all applicant resources and program details before applying.
- Email (or mail) PQCF your completed application form by July 30, 2024. See contact info at the end of this form.
- Applications will be reviewed September 15, 2024.
- Recipients will be notified by September 30, 2024.

Follow-up Procedures

Should your organization be successful and you receive funding from the Oceanside Prosperity Fund, the following steps should be completed:

- Acknowledgement of the Foundation grant in any publicity - both print and electronic media, generated for your project.
- A written report on the project must be submitted to the Foundation Grants Committee, **within one year** of receipt of the Grant money. Note: Failure to comply with this request may jeopardize the committee's consideration of your organization's future requests for funds.

Parksville-Qualicum Community Foundation

OCEANSIDE PROSPERITY FUND APPLICATION FORM

CONTACT INFO

Organization Name *(Legal)* _____

Organization's Operating Name *(if different from above)* _____

Address _____

Phone _____ Email _____

Registered Charitable Number _____

Contact Person _____

Phone _____ Email _____

Signature *(print & handwritten)* _____

Project Name _____

Project Dates *(to & from)* _____

Amount you are Requesting _____

Total Project Budget _____

YOUR FUNDING REQUEST

The Community Prosperity Fund provides funding to cover operational expenses like rent, insurance, staff salaries, technology, etc., or support project delivery.

What, in your perspective, are Oceanside communities' primary needs? Explain how this funding will support the needs of your community.

What populations would be served by this funding? (select from suggestions)

- | | |
|--|---|
| <input type="checkbox"/> children and young adults; | <input type="checkbox"/> immigrants; |
| <input type="checkbox"/> women; | <input type="checkbox"/> refugees |
| <input type="checkbox"/> First Nations, Métis and Inuit peoples; | <input type="checkbox"/> 2SLGBTQIA+ persons; |
| <input type="checkbox"/> Black persons; | <input type="checkbox"/> seniors; |
| <input type="checkbox"/> persons of colour; | <input type="checkbox"/> persons and families working and this funding would serve receiving social assistance; |
| <input type="checkbox"/> persons whose gender identity or expression is not cisgender; | <input type="checkbox"/> persons with experiences of abuse and trauma, and; |
| <input type="checkbox"/> persons living with disabilities; | <input type="checkbox"/> persons living with mental illness or addiction. |
| <input type="checkbox"/> persons living in rural and remote communities; | |



APPLICATION (cont'd)

Funding Type: Are you applying for operational expenses and/or funding to support project delivery? Select your option(s) below:

- Operational Expenses:** Fund operational expenses that contribute to your organization's long-term resiliency, e.g., investment in digital infrastructure, support for staff training, developing organizational strategies and policies, salaries, rent, and other organizational costs).
- Project Delivery:** Project delivery funding that addresses community needs.

OPERATIONAL EXPENSES FUNDING *(if applicable)*

Describe the purpose of your funding request.

What are your organization's primary need(s) to support long-term operations? How will this funding support these organizational need(s)?

Select the number of years your activities will take place. Activities can begin in 2024 and can continue for up to three years as long as all activities are completed by June 30, 2027.

- 1 year 2 years 3 years

Please describe the activities and the month and year in which they will take place. For example: "December 2024 to March 2025: Carry out six staff training sessions." Activities can begin in 2024 and can continue for up to three years as long as all activities are completed by June 30, 2027.

APPLICATION (cont'd)

PROJECT DELIVERY FUNDING *(if applicable)*

If you are applying for program delivery funding, how will this funding support your organization's mission long-term?

Who will be responsible for overseeing these activities?

Name

Title/Role

Responsibilities

Are you working with any other organizations on these activities? If yes, please list the organizations and briefly describe their role.

PROJECT BUDGET - EXPENDITURES

Expenditures	Description	Cost	PQF Amount
Professional fees, Honoraria			
Rent/Utilities/postage			
Printing/photocopying			
Travel			
Publicity/Promotion			
Production costs			
Distribution			
Capital (Specify)			
Other			
TOTAL			

Note: Include expenses and revenue with funding from other sources – both anticipated and confirmed.



APPLICATION (cont'd)

PROJECT BUDGET - REVENUES

Sources of Revenue	Assured	Potential	Total	Contact/Tel.
Organization				
Cash				
In-Kind Gifts				
Volunteer				
Other (Specify)				
Foundation				
TOTAL				

Required Documents Checklist for Registered Charities

- Last annual report, donor report, annual general meeting report or reporting to stakeholders on activities (such as a newsletter)
- Most recent financial statement.
- Ensure any financial statements are complete, meaning that they are: Signed and dated by the accountant and accounting firm or approved by your Board of Directors or management committee. We cannot accept draft statements.
- Submitted on the accountant's or accounting firm's letterhead for all externally prepared statements.

APPLICATION

TO BE COMPLETED BY SPONSORING ORGANIZATION (if applicable)

We have read this grant application and agree to be the sponsoring organization for this application:

Authorized Signature (*print & handwrite*): _____

Project Title: _____

Project Dates: _____

Name of Sponsoring Organization: (*if applicable*) _____

Address: _____

Phone: _____ Email: _____

Registered Charitable Number: _____

Contact Person: _____

Phone: _____ Email: _____

Application Checklist

Your completed Application Package should include:

- Completed Application Form
- Completed Project Budget
- Project Description (*up to 3 pages*)
- Organization's Financial Statements

- Completed Sponsor information (*if applicable*)
- List of Sponsor's Board of Directors (*if applicable*)
- A copy of Sponsor's last Financial Statement (*if applicable*)

For more information or assistance, please contact:



The Parksville Qualicum Community Foundation

parksvillequalicumfoundation.com | Ph: 250-951-5609 | resource@parksvillequalicumfoundation.com

Drop completed applications off at the offices of Brent Johnson, 101 - 691 Beach Rd, Qualicum Beach

Attn: Parksville Qualicum Community Foundation