**Our Cowichan Small Grant Application Form 2025**

**Please use this form** for ease of review for selection committee. The rows will expand as needed

**Applications must have project budget attached**

**Maximum Grant Amount $2,000.000**

*Project proposals will be accepted via email at*[***cindylisecchn@shaw.ca***](mailto:cindylisecchn@shaw.ca) ***until 12 noon, May 30, 2025*** *or until all funds have been allocated.*

*Please ensure that you have a receipt of the application being submitted*

***Information and supporting documents can be found at*** [***www.ourcchn.ca***](http://www.ourcchn.ca) ***or contact Cindy Lise Our Cowichan Regional Facilitator***

[***cindylisecchn@shaw.ca***](mailto:cindylisecchn@shaw.ca) *or call 250-709-5062*

**Name of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Funding Requested from Our Cowichan** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project factors the review committee considers:**

* Is likely to have a positive long-term impact on the targeted population
* Can serve as a model for other communities and / or community organizations
* Involves the people of the communities or target groups that the initiative is intended to address
* Builds on community strengths and resources
* Shows evidence of community collaboration or your contribution and includes 50% of funding from another source (This can be in cash or in kind)

**Information on how vetting team Scores your proposal.** The vetting committee will use the following scale to assist with decision making.

* Some What meets –1
* Meets All expectations –2
* Strongly meets- 3
* Beyond expected -4

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| --- | --- | --- |
| 1. **Have you been the recipient of an Our Cowichan Small Grant in the past? If so, when? and for what project?** |  | **Rating-**  **Do not print in this row.**  For Review Committee |
| 1. **Project Description**- (maximum 300 words) |  |  |
| 1. **What need(s) or priority is being addressed?** (maximum 100 words) |  |  |
| 1. **How does this project address Mental Health and Wellbeing** (maximum 100 words) |  |  |
| 1. **How will you measure the impact of your project?** (maximum 200 words) |  |  |
| 1. **How many people are expected to benefit from this project?** |  |  |
| 1. **Do you have a partner(s) providing 50% of the funding for the project? Or, is your organization providing 50%? (Cash or in kind)** –Who are they? What are they/you confirmed to provide? |  |  |
| 1. **Where do we find out more information about your organization?** (website, Facebook etc.) |  |  |
| **Total Score** |  |  |