



POLICY #13 APPENDIX A – Grant Application Form

APPLICATION FOR FUNDING 2027

General Instructions

1. Activities must be for communities between Albreda to Crescent Spur BC.
2. All submissions must be typewritten or in very legible handwriting.
3. Use additional pages if more space is required.
4. **Submission Deadline: Wednesday, December 2, 2026, at 4:00pm**
5. Submit completed applications to:

Valemount Community Forest

Box 1017, Valemount, BC V0E 2Z0

Email: comms@valemountcommunityforest.ca

Section 1 - APPLICANT INFORMATION

Organization Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Type of Organization: Non-Profit
 Community Group
 Other (Specify) _____

About the Organization:

Briefly describe what the organization does, its mission or purpose, and the community it serves.



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Section 2 - PROJECT INFORMATION

Project Title: _____

Project Location: _____

Project Start Date: _____ End Date: _____

Amount Requested: _____ Total Project Budget: _____

Brief Project Description:

Provide a concise summary of the project, including goals, activities, and expected outcomes.

Project Area of Impact:

Please check the box that best describes your project's primary focus.

- Arts and Culture
- Social Services
- Sports and Recreation
- Education and Training
- Environmental
- Community Economic Development



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Section 3 – PROJECT DETAILS

a. How does this project benefit the Valemount area or surrounding communities?

Describe the community impact and who will benefit.

b. How does this project align with the VCF mandate?

Explain how the project supports sustainable forest management, community development, or local well-being.

c. Describe the level of community support for this project.

Include letters of support, volunteer involvement, or partnerships.



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Partnerships:

Partners should have their name and authorized signatures on the application.

Name _____

Contribution _____

Authorized Signature _____

Name _____

Contribution _____

Authorized Signature _____

Name _____

Contribution _____

Authorized Signature _____

d. List other funding sources secured or applied for:

Funding Source	Amount \$	Confirmed Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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e. Provide references or examples of past performance:

Include previous project or relevant experience.

Section 4 – SCREENING INFORMATION

- 1. Consistent with the VCF Mission Statement
- 2. Incremental to government programs
- 3. Technically feasible (attach technical evaluation if appropriate)
- 4. Government approval in place (if required)
- 5. Does not duplicate existing local services
- 6. Does not cause environmental degradation
- 7. Proposal developed in consultation with involved/affected individuals
- 8. Proposal shared with other stakeholders such as land/building owners
- 9. Does not promote religious, political, or discriminatory beliefs
- 10. Includes financial and activity reporting and accountability
- 11. Includes indicators for project evaluation
- 12. Private sector and non-profit proposals clearly demonstrate direct community benefits



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Section 5 – EVALUATION INFORMATION

a. Why is this project needed?

b. List other project goals and objectives.

c. Description of organizational capacity to deliver the project.



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d. What are the expected benefits or outcomes?

e. If the project becomes ongoing, describe who will maintain it and how it will be sustained.



VALEMOUNT
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Section 6 – BUDGET INFORMATION - Project Budget Summary			
Line	Revenue	Projected Revenue (\$)	Secured Revenue (\$)
1	VCF grant		
2	Funds from other sources		
3	Donations		
4	Membership		
5	Fundraisers, events, sales		
6	Miscellaneous		
7	Subtotal (Cash Revenue)		
8	In-kind (Volunteer x hrs x \$20/hr)		
9	In-kind (regular work or trade) # persons x hrs x \$____/hr)		
10	Miscellaneous		
11	Subtotal (In-kind Contributions)		
	Expenses	Projected Expenses (\$)	Actual Expenses (\$)
12	Equipment		
13	Supplies and materials		
14	Advertising		
15	Staff and volunteer training		
16	Contractor Expenses		
17	Miscellaneous		
18	Sub Total (Cash Expenses)		
	In-kind		
19	Volunteer		
20	Tradesperson		
21	Supplies and materials (In-kind)		
23	Subtotal In-kind		
24	Total Expenses		
25	Revenue		
26	Expenses		
27	Revenue Minus Expenses NOTE: For Projected Revenue-Expenses must equal zero		



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Potential local purchases (product/services and value):

IMPORTANT:

The VCF will require a ***“Project Evaluation Report” to be submitted within 30 days of project completion.*** (Fill in the “Secured Revenue” and “Actual Expenses” data on the budget chart pg.8)

Signed by Applicant:

Signature: _____ Print Name: _____

Signed by Key contact/s (if different from above):

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Section 7 DECLARATION

By signing below, the applicant certifies that the information provided is accurate and complete, and that the organization agrees to comply with all conditions of the VCG Grant Program Policy.

Authorized Signature: _____

Print Name: _____

Date: _____