

## PRE-APPLICATION WORKSHEET

This worksheet is an optional tool for preparing your application entries and/or collaborating with others involved in your project. This worksheet will not be accepted as your application to the Program. You must apply using the online application form.

All the questions you will be asked to complete on the online application form are below. Keep your entries precise and clear. It is important to note that space in some sections is limited and the maximum word allotment is identified in the sections.

---

### APPLICANT INFORMATION

#### Registered Applicant/Organization Information (See *Application Guide* for details on who is eligible to apply)

Organization Legal Name

Registration Number

Mailing Address

City Province Postal Code

#### Signing Authority at the Registered Applicant/Organization

Signing Authority Name

Phone Number

Email Address

#### Primary Contact at the Registered Applicant/Organization – if different from above

Primary Contact Name

Phone Number

Email Address

Is the **Registered Applicant/Organization** sponsoring an unregistered organization who will be leading the project? If yes, complete the details below for the **Project Lead/Sponsored Organization**.

If you are sponsoring an ineligible organization, the application must be completed and submitted by the eligible **Registered Applicant/Organization**.

yes  no

*\*the following section will only appear if the applicant indicates yes, above*

#### Project Lead/Sponsored Organization

Organization Legal Name

Mailing Address

City Province Postal Code

**Primary Contact at Project Lead/Sponsored Organization**

Primary Contact Name

Phone Number

Email Address

**Organization Mandate**

**PROJECT DETAILS**

Project Title

Project Location

You will be asked to select location(s) from a drop-down menu which represents applicable Municipality(ies) and Rural Area(s), please choose all that are relevant.

Estimated Start Date

Estimated End Date

What is the project? What will the project do? How will this be achieved? (220 words)

What issues or opportunities will be addressed? How were they identified? (150 words)

Where will this project take place? (100 words)

Who will be involved in implementing the project? (100 words)

Explain why this project is important to your community. Who will benefit from the project? (150 words)

How will the project be evaluated and how will you know if it has been successful? (150 words)

Describe how your organization is best suited and has the capacity to deliver the project. (150 words)

Who will present on behalf of your project at the Applicants Community Meeting? (See the Application Guide for the meeting date and presentation details.)

**Work Plan**

Provide brief descriptions of your proposed project activities along with timelines for each.

Activity	Overseen by	Start Date	End Date

--	--	--	--

**Sector for application evaluation**

Choose which sector you wish your project to be evaluated for (choose one only):

- Social
- Environmental

If you select Social, check the Social key goals met by your project:

- Social Support Network and Leadership
- Wellness and Health/Safety and Security
- Education
- Recreation, Arts, Culture and Spiritual Values

If you select Environmental, check the Environmental key goals met by your project:

- Improvements to ecological and environmental conditions
- Reduction/Improvement of environmental impacts of human activities
- Land use planning processes
- Increase ecological and environmental knowledge/stewardship
- Increase scientific knowledge

**List other project goals and objectives not already identified (150 words)**

**Explain how the project supports long-term economic stability and growth. Applications will be assessed higher with an explanation that includes: increased economic diversity, increased employment, encourages financial investment and benefits the community. (200 words)**

**PROJECT CASH BUDGET**

List specific budget items under each heading to identify your expenses that you require cash for. Round up values to the nearest dollar. In the final column, indicate the amount of funding from CIP/AAP you wish to allocate against each budget line.

**Administration**

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

**Contract Fees and/or Staff Wages**

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

**Capital Purchases and Project Supplies**

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

**Other Costs (Be Specific)**

Cash Budget Item	Total Amount Required	Requested from CIP/AAP

**TOTAL PROJECT CASH BUDGET** \$

**TOTAL REQUESTED FROM CIP/AAP** \$

**CASH REVENUE SOURCES**

Enter the funds received or requested from other sources. Your *Total Project Cash Budget* should equal your *Total Cash Revenue Budget* to show you have enough funds to complete your project.

Source Name	Confirmed (Y/N)	Amount
CIP/AAP	No	<i>Will auto-populate with TOTAL REQUESTED FROM CIP/AAP</i>

**TOTAL CASH REVENUE BUDGET** \$

**IN-KIND SOURCES & CONTRIBUTIONS**

What contributions are being made to the project other than cash?

**SUPPORTING DOCUMENTS**

Are you providing additional material that provides further evidence to support your project idea (such as letters of support, outcomes of community engagement, report executive summaries, quotes, approvals maps, etc)?

You may upload up to five one-page, single-sided supporting documents.

List what you are submitting:

- 1.
- 2.
- 3.

4.

5.

Before uploading your supporting documents, ensure the file name is clear and identifies the content.

File size may not exceed 3MB per document.

## ADDITIONAL INFORMATION

Is there anything else you would like to add that has not already been mentioned?

## DECLARATION

1. I represent the Registered Applicant/Organization and I am authorized to submit this Application.
2. The information I have provided in this application is true, accurate and complete in every respect.
3. The City of Revelstoke/Columbia Shuswap Regional District Area B and its agents shall not be obligated in any manner to any applicant whatsoever and reserves the right to fully, partially or not fund any application submitted.  
By submitting this application, I hereby acknowledge that the City of Revelstoke/Columbia Shuswap Regional District Area B and its agents may disclose this application, and the information contained herein—including but not limited to name, budgets, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by FOIPPA.
4. I further agree that the City of Revelstoke/Columbia Shuswap Regional District Area B and its agents may proactively disclose to the public my name and location and the amount and nature of funding granted.
5. Any questions regarding such may be directed to: City of Revelstoke Corporate Administration [admin@revelstoke.ca](mailto:admin@revelstoke.ca).

I have read and agree to the declaration above. \*

I Agree

Date

Applicant Name

Applicant Title