

# Limited Duration Operating Grant January 2025

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*City of Prince George*

## *Freedom of Information and Protection of Privacy Act*

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The information on this form is collected by the City of Prince George for the purposes of processing this application, under the authority of sections 26(c) and (e) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information, please contact Civic Initiatives and Partnerships at 1100 Patricia Boulevard, Prince George, BC, or by telephone 250-561-7600.

## *Pre-Screening Questions*

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### **How to Download the Application Questions:**

To review the application questions before completing your application, follow these steps:

1. Locate the "Question List" button in the top-right corner of the page.
2. Click the button to download a full list of the application questions.

This allows you to prepare your answers ahead of time.

Please note: If you have any questions about the application process, please email [communitygrants@princegeorge.ca](mailto:communitygrants@princegeorge.ca)

### **Confirm your organization is a Not-for-profit (registered Society or Charity)\***

Please note: Limited Duration Operating Grant funding is available only to Not-for-profits and Charities. Individuals and businesses are not eligible to apply.

#### Choices

Yes  
No

### **Confirm you have been in operation for a minimum of 2 years at time of application\***

Please note: To be eligible for this grant you must have been in operation for a minimum of 2 years at time of application.

#### Choices

Yes

No

**Confirm you have received a City grant previously and completed all required reporting\***

Please note: To be eligible for this grant, your organization must have successfully completed reporting on a prior grant from the City of Prince George Community Grant Program. If not, please explore other grant opportunities on our City Grants Webpage.

**Choices**

Yes

No

**Confirm City Support History\***

Please select all that apply to the best of your knowledge.

**Choices**

Property Tax Exemption

Low Cost Lease

Celebrate Grant

myPG Community Grant

Sport PG Grant

Council Contingency

Service Agreement

Other

None of the above

**If you selected other, please specify**

You may skip this question if you did not select other  
(max 250 words)

*Character Limit: 250*

**Confirm your organization operates within the city boundary for the benefit of residents\***

Please note: City of Prince George Boundary

**Choices**

Yes

No

**Confirm the programs and services you provide to the community align with grant criteria\***

Please note: you may read the eligibility and criteria on the City of Prince George Community Grants Webpage

**Choices**

Yes

No

**Confirm that you have other sources of funding other than the City of Prince George\***

Please note: To be eligible for this grant, you must provide a list of your other confirmed funding sources

**Choices**

- Yes
- No

**Confirm if you are approved for funding, you will not allocate funding towards the below\***

- Payment of City Property Taxes
- Payment of Debt
- Major Capital Purchases (e.g. land acquisition, buildings, vehicle purchases etc.)

**Choices**

- Yes
- No

**Confirm by filling out this application, you agree that the information may be publicly accessible.\***

Please note: The information provided in your application will be shared with Council and adjudicated during a public meeting

**Choices**

- Yes
- No

*Primary Contact Information*

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**Primary Contact Name\***

First and Last Name for the primary contact for this application

*Character Limit: 250*

**Primary Contact Email Address\***

Please note: this email address will be used to communicate with you regarding your application. Please ensure that it is correct

*Character Limit: 250*

## Primary Contact Phone Number\*

*Character Limit: 250*

## Organization Information/Profile

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### Tips for Answering Questions:

- Read each question thoroughly
- Be concise, specific, and clear
- Use short, understandable sentences and avoid unnecessary details (bullet points are acceptable)
- Ensure that your application is complete

### 1. Organization Name\*

*Character Limit: 100*

### 2. Organization Status\*

Select your organizations status

#### Choices

Not-for-profit

Charity

### 3. Evidence of Registered Society or Charity Status\*

Upload documentation showing your BC Society Number or Charitable Registration Number (e.g., BC Society Annual Report)

*File Size Limit: 10 MB*

### 4. Years of Operation\*

How many years has your organization been operating for?

*Character Limit: 250*

### 5. Mission Statement\*

Please provide your organization's mission statement (max 250 characters)

*Character Limit: 250*

### 6. Please select one category your organization best fits within\*

#### Choices

Arts and Culture

Community Safety

Environmental

Events  
Recreation  
Social

### 7. Strategic Planning\*

Does your organization have a strategic plan?

#### Choices

Yes  
No

### 8. If yes, please briefly summarize key priorities from your Strategic Plan

You may skip this question if you do not have a Strategic Plan  
(max 250 characters)

*Character Limit: 250*

## *Staff, Volunteers, and Governance*

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### 9. Board of Directors\*

Does your organization have a formal board of directors?

#### Choices

Yes  
No

### 10. Networks\*

Does your organization have a formal affiliation with a larger provincial or federal network?

#### Choices

Yes  
No

### 11. If yes, please name

You may skip this question if your organization is not affiliated with any larger networks  
(max 250 characters)

*Character Limit: 250*

### 12. Staff\*

Please select all that apply regarding paid staff

#### Choices

Full time staff  
Part time staff  
I do not have paid staff

### 13. Staff Numbers

How many full-time and part-time staff does your organization employ? Please provide the total numbers. You may skip this question if you do not have any paid staff.

(max 250 characters)

*Character Limit: 250*

### 14. Volunteers\*

Please select all that apply regarding volunteers.

#### Choices

Regular Volunteers

Occasional Volunteers

I do not have volunteers

### 15. Volunteer Numbers

How many volunteers (regular and occasional) does your organization have? Please provide the total numbers. You may skip this question if you do not have any volunteers.

(max 250 characters)

*Character Limit: 250*

### 16. Volunteer Management Software (optional question)

Please specify whether or not you use Volunteer Management Software, and if so, please provide the name of the software.

(max 250 characters)

*Character Limit: 250*

## *Alignment with Grant Criteria: Programs and Services*

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### 17. Programs and Services Overview

Please fill out the table below by listing your organization's key programs and services, target audience, participants, and delivery methods.

Program Name	Target Audience	Number of Participants (Annual)	Duration/Frequency (weekly, monthly etc.)	Location/Delivery Method

**18. Share Your Success Stories\***

Highlight up to three of your greatest successes from the past year **OR** share up to three stories or testimonials that demonstrate the positive impact of your programs/services. This can

include participant feedback, community member experiences, or key observations that demonstrate the outcomes of your organization's work.

### Example

Please see the below example format on how you may format your answer to this question (this format is not required)

- *Program/Service Name: [Insert program name]*
- *Story/Feedback: [Describe the situation, participant experience, or feedback received.]*
- *Outcome: [Highlight the positive changes, results, or achievements.]*

*Character Limit: 10000*

## 19. Select which of the grant criteria your organizations programs/services best align with\*

Select up to 3 that best align

### Choices

Fostering community pride  
 Promoting health and wellness  
 Strengthening social connections among residents  
 Encouraging participation in arts and culture  
 Advancing equity, diversity, inclusion and accessibility  
 Encouraging environmental sustainability and stewardship  
 Ensuring a safe, health and clean community for all

## 20. Alignment with Grant Criteria\*

Provide specific examples to demonstrate how your organization's programs and services align with one or more grant criteria:

- Fostering community pride
- Promoting health and wellness
- Strengthening social connections
- Encouraging participation in arts and culture
- Advancing equity, diversity, inclusion, and accessibility
- Encouraging environmental sustainability
- Ensuring a safe, healthy, and clean community for all

For each relevant criterion, describe the activities or outcomes of your programs that contribute to these goals.

*Character Limit: 10000*



## 21. Target Audience\*

Briefly describe your organization's primary audience. Who do you serve (e.g., age group, demographics, underserved populations)?

(max 250 characters)

*Character Limit: 250*

## 22. Have you seen a change in demand for your organization's services in the past 2 years?

### Choices

Increase

Decrease

Stayed the same

## 23. Please explain any significant changes

*Character Limit: 10000*

## 24. Describe how your organization's programs/service adapt\*

Please describe how your organization meets community needs and adapts to emerging challenges. For example, if you identify new trends or gaps in services, explain how you adjust your programs and services to stay relevant and effective.

*Character Limit: 10000*

## 25. Community Partnerships\*

Does your organization partner with other local community groups or nonprofits?

### Choices

Yes

No

## 26. If yes, please name and briefly describe those partnerships

Please provide the names of these organizations and a brief description of your partnerships. For example, you may highlight areas such as shared knowledge, expertise, resources, or the collective impact on the community.

You may skip this question if you did not select yes

*Character Limit: 10000*

## 27. How does your organization communicate with its members and the broader community?\*

Please check all that apply

### Choices

Newsletters

Website

Social Media

Paid advertising campaigns  
 Phone  
 Email  
 Posters  
 Other

## Optional File Upload

Acceptable file types: PDF, Word, Excel. Max file size: 20 MiB.

*File Size Limit: 20 MB*

## *Funding and Financial Details*

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### Reminder: The Limited Duration Operating Grant will NOT fund

- Payment of City Property Taxes
- Payment of debt
- Major capital purchases (e.g. land acquisition, buildings, vehicle purchases etc.)

## 28. Main sources of funding\*

Select your top 3 sources of funding

### Choices

Donations  
 Grants  
 Provincial Government funding  
 Federal Government funding  
 Community Gaming Grants  
 Fundraising events  
 Membership fees  
 Merchandise  
 Other

## 29. List of other sources of confirmed funding

To be eligible for this grant, your organization must have other sources of confirmed funding.

Please provide a list of these funding sources below.

Bullet point format is acceptable.

*Character Limit: 10000*

## 30. If you selected other, please specify

You may skip this question if you did not select other  
 (max 250 words)

*Character Limit: 250*

### 31. Revenue Trends\*

Over the last 3 years, has your organization's funding increased, decreased, or remained stable?

#### Choices

Increased  
Decreased  
Stable

### 32. Please explain any significant changes\*

Explanation of funding trends and reason for changes

*Character Limit: 10000*

### 33. How does your organization ensure financial transparency?\*

Do you have any public reports or audits (such as financial statements, meeting minutes, etc.) available for review? Please briefly describe the types of reports and how they can be accessed (e.g., upon request, available on the website, etc.).

Bullet point format is acceptable.

(max 500 characters)

*Character Limit: 500*

### 34. Please share your plans/ideas to sustain your organization beyond this grant funding\*

Please note: the Limited Duration Operating Grant is not intended to be an ongoing source of funding. Please share your plans or ideas you have to sustain the benefits of this funding beyond the grant term of 2 years.

*Character Limit: 10000*

### 35. Total Amount Requested from City of Prince George (CPG)\*

Up to 30 % of current year's overall operating budget.

*Character Limit: 20*

### 36. Operational Funding Breakdown

While the funding is undesignated, please indicate a general high-level breakdown on where you propose funding will be directed towards using the pre-determined operational expense categories.

#### Notes for completion:

**Budget Category:** List the general category of the expenses.

**Description:** Briefly describe the item or activity under each category.

**Amount Requested:** The amount you are requesting for each category (this should align with the total grant amount requested).

**Total Amount:** The overall total for each category, if applicable.

<b>Budget Category</b>	<b>Amount Requested</b>
<b>Staff wages</b>	
<b>Overall Program Expenses</b>	
<b>Facility Costs (rent, utilities, maintenance etc.)</b>	
<b>Administrative Expenses (office supplies, technology etc.)</b>	
<b>Fundraising Costs</b>	
<b>Professional Services (fees for legal, accounting, consulting, or other professional services.)</b>	
<b>Insurance and Compliance (costs for insurance coverage and maintaining compliance with regulations)</b>	
<b>Capital Expenses (investments in assets such as equipment, or minor facility improvements)</b>	
<b>Travel and Transportation</b>	
<b>Marketing and Outreach</b>	
<b>Other</b>	

### 37. Statement of Revenues and Expenditures Signed by 2 Directors\*

Must be recent and signed by 2 Directors.

Acceptable file types: PDF, Word, Excel. Max file size: 10 MiB.

*File Size Limit: 10 MB*

### 38. A Balance Sheet\*

May be annual or interim.

Acceptable file types: PDF, Word, Excel. Max file size: 10 MiB.

*File Size Limit: 10 MB*

### Optional File Upload

Acceptable file types: PDF, Word, Excel. Max file size: 20 MiB.

*File Size Limit: 20 MB*

## *Need for Funding: Challenges and Future Plans*

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This section will help adjudication understand the current challenges you face, your future goals, and how this funding will support you in achieving them

### 39. Challenges and Opportunities\*

What are the current challenges your organization is facing? Please describe both internal factors (e.g., staffing, resources) and external factors (e.g., community needs, regulatory changes) that are impacting your operations. Be as specific as possible.

*Character Limit: 10000*

### 40. Future Plans\*

What are your organization's key goals for the next 1-3 years? Please briefly describe any key planned projects, programs, or initiatives and describe how this funding will help you achieve them.

*Character Limit: 10000*

### 41. Metrics and Monitoring\*

Please describe how your organization monitors and evaluates its programs and services, including key metrics used to track progress towards goals

Please note: If approved for funding, you will be required to provide specific metrics in the annual evaluation report, comparing your progress to the goals set in this application (question prior).

Why This Is Important:

This helps us assess whether the funds are being used effectively and supports our goal of ensuring that all organizations are advancing the broader objectives of the funding program. It also enables us to track progress and make informed decisions about future funding allocations.

*Character Limit: 10000*

## ***Confirmation & Signature***

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By signing below and submitting this application, I confirm that the information provided is accurate to the best of my knowledge. I understand that the submission of this application does not guarantee funding, as the grant process is highly competitive, and demand may exceed the available budget. I acknowledge that adjudication reserves the right to allocate funding in full, in part, or not at all.

### **E-signature\***

Please type your first and last name below.

*Character Limit: 250*

### **I give permission to CPG to share my application with other funding sources as appropriate.\***

On occasion, the City of Prince George (CPG) is approached by other funders. By selecting yes, you authorize CPG to share your application and contact information with those organizations.

#### **Choices**

Yes

No

### **Suggestions for Improvements (Optional)**

Do you have any suggestion on how we can improve the application form?

*Character Limit: 250*

### **How to Download Your Completed Application and Check Your Application Status:**

Follow these steps to save a copy of your completed application to your computer and monitor your applications progress:

- **Download Your Completed Application:**
  - After completing your application, locate the "Application Packet" button in the top-right corner of the page.
  - Click the button to download your completed application as a PDF for your personal records.

- **Check Your Application Status:**
  - Log back into your account at any time to view the status of your application.
  - Updates on your application will be displayed on your dashboard.