Mission & Region Prosperity Fund

Eligibility Quiz

1. Do you consent to share the information in your application with Community Foundations of Canada and the Government of B.C.? The Mission and Region Prosperity Fund is possible through the collaboration of the Government of B.C., Vancouver Foundation, Community Foundations of Canada and a network of local community foundations across the province.

Yes/No

2. Does your organization support initiatives in the City of Mission and Fraser Valley Regional District (Hatzic Prairie, McConnell Creek, Durieu, Dewdney, Deroche, and Lake Errock? Your organization must support one or more of these areas to be eligible to apply.)

Yes/No

3. Are you a charity, non-profit, or Indigenous-serving organization? Your organization must be a charity or non-profit, this includes Indigenous-serving organizations.

Yes/No

4. Did your organization receive funding from the Lighthouse Organizations Fund, Recovery & Resilience Fund, or Level BIPOC Grants? Organizations that received funding from Vancouver Foundation's Lighthouse, Recovery & Resilience Fund or Level BIPOC Grants are **not eligible** to apply for the Mission and Region Prosperity Fund.

Yes/No

If you answered NO to any of the above this indicates that you are not eligible to apply for funding through the Mission & Region Prosperity Fund.

Contact Details

(Contact details are the same as in our regular grant application form)

Mission Statement

5. Describe your organization's mission and purpose and how they support the purpose of the Community Prosperity Fund. Max = 100 words.

Leadership and Diversity, Equity and Inclusion

'Nothing about us, without us'. This principle recognizes that individuals with lived experience know what is best for themselves and their community and that their participation is integral to addressing social challenges. When the principle is used, the organization's work is guided by the needs and aspirations of the people being served. Those people served are provided meaningful opportunities for participation in planning, leadership, implementation and evaluation.

6. Describe how your organization actively brings an equity lens to its work using the 'nothing about us without us' principle. Min = 50 words. Max = 150 words

Type of Organization

The Mission & Region Prosperity Fund is open to:

- *Charities registered with the CRA
- *Incorporated non-profits
- *Indigenous-serving organizations

If these organizations are qualified donees, they can apply directly to the Mission & Region Prosperity Fund. Most non-qualified donees will need to work in partnership with a collaborating organization to apply. There are some exceptions to this as some community foundations can directly fund non-qualified donees. This application will walk you through this process.

What is a qualified donee?

Charities and Indigenous-serving organizations performing a function of government registered with the CRA are considered qualified donees. A qualified donee can issue official donation receipts for gifts it receives from individuals and corporations.

7. Are you a charity registered with the CRA?

Yes/No

- a. If yes, provide your Registered Charity Number. Make sure to use the format 123456789 RR0001.
- 9. Are you an incorporated non-profit registered with the Government of B.C. or federally incorporated?
 - a. If yes, provide your incorporation number. If you are provincially incorporated, please confirm your incorporation number on OrgBook BC. If you are federally incorporated, please confirm your corporation number on the Government of Canada database.
- 10. Are you an Indigenous-serving organization?

Yes/No

- 11. Are you registered as a qualified donee?
 - a. Provide the name as it appears in the CRA registry.

NOT APPLICABLE FOR ALL APPLICANTS

Are you working with a Collaborating Organization? (for non-qualified donees)

If you are a non-qualified donee: To apply to the Mission & Region Prosperity Fund, you will need to work in partnership with a collaborating organization.

What is a Collaborating Organization? A collaborating organization is a qualified donee who works in partnership with a non-qualified donee and agrees to take on an application and its activities as its own and engages a non-qualified donee as an intermediary to carry out the activities. The agreement should be made between organizations with a mutual alignment of values and missions. If an application with an agreement is successful, payment will be made to the collaborating organization, which will be responsible for disbursing funds to the non-qualified donee.

What does this mean for you?

In this application, we will ask you for the contact details of the collaborating organization you intend to partner with.

Your Funding Request

Organizational and Community Needs

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

- 12. What are your community's primary need(s)? Max = 60 words.
- 13. Explain how this funding will support the needs of your community. Max = 100 words.
- 14. What is the primary population that would be served by this funding? Select one primary population.

	O	children and young adults;
	О	women;
	O	First Nations, Métis and Inuit peoples;
	0	Black persons;
	0	persons of colour;
	0	persons whose gender identity or expression is not cisge
	O	persons living with disabilities;
	0	persons living in rural and remote communities;
	О	immigrants;
	О	refugees
	O	2SLGBTQIA+ persons;
	О	seniors;
	О	persons and families working and earning low incomes;
	O	persons receiving social assistance;
	О	persons with experiences of abuse and trauma; and
	0	persons living with mental illness or addiction.

15. What other populations would this funding serve? Select all that apply.

Г				
	0	children and young adults;		
L	0	women;		
	0	First Nations, Métis and Inuit peoples;		
	0	Black persons;		
	0	persons of colour;		
	0	persons whose gender identity or expression is not cisgender;		
	0	persons living with disabilities;		
	0	persons living in rural and remote communities;		
	0	immigrants;		
	0	refugees		
	0	2SLGBTQIA+ persons;		
	0	seniors;		
	0	persons and families working and this funding would serve receiving social		
	_	assistance;		
L	0	persons with experiences of abuse and trauma, and;		
	0	persons living with mental illness or addiction.		

16. Funding Type

Are you applying for operational expenses or funding to support project delivery? Select your option below:

- a. Operational Expenses: Fund NEW 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).
- b. Project Delivery: Project delivery funding that addresses community needs.

Operational Expenses

If you selected Operational Expenses complete the following section.

- **A.** Funding Description: Describe the purpose of your funding request. Max = 100 words.
- **B.** Organizational Needs: If you are applying for operational expenses, what are your organization's primary need(s) to support long-term operations? How will this funding support these organizational need(s)? Max = 60 words.
- **C.** 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, 2 or 3 years
- **D.** Activities and Timeline 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. Min = 50 words. Max = 250 words

Project Delivery Funding

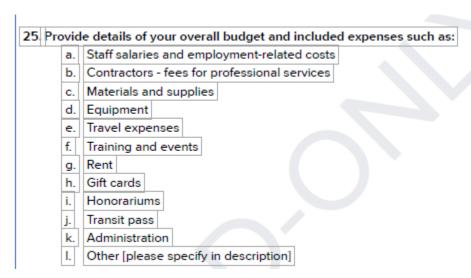
If you selected Project Delivery complete the following section.

- A. Funding Description: Describe the purpose of your funding request. Max = 100 words.
- B. Organizational Needs: If you are applying for program delivery funding, how will this funding support your organization's mission long-term? Max = 60 words.
- C. 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, 2 or 3 years
- D. Activities and Timeline 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. Min = 50 words. Max = 250 words
- E. Who will be responsible for overseeing these activities?
- F. Are you working with any other organizations on these activities? If yes, please list the organizations and briefly describe their role. Max = 250 words

Your Budget and Financial Information

17. Total amount requested

18.



Financial Information

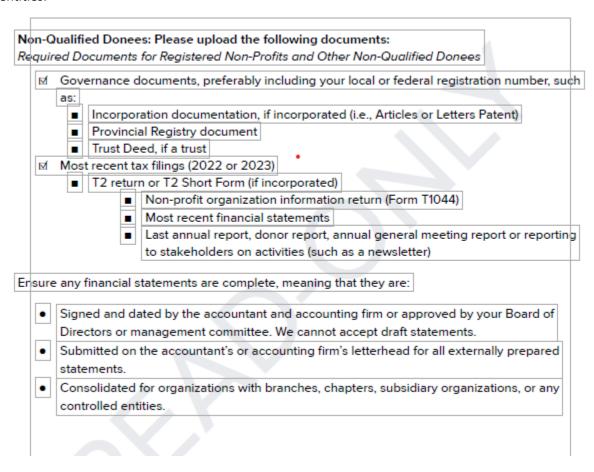
Qualified Donees: Please upload the following financial documents Required Documents for Registered Charities and Other Qualified Donees

✓ 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.
- -Consolidated for organizations with branches, chapters, subsidiary organizations, or any controlled entities.



Section 5: Certifications & Conditions

Please confirm the following conditions to submit your application:
☐ In checking this box, we confirm that the information provided in this application is accurate.
In checking this box, we confirm our organization did not receive funding from the Lighthouse or Recovery & Resilience Fund or Level BIPOC Grants.
In checking this box, I confirm that I have the appropriate signing authority to submit this application on behalf of this organization. If you do not have the authority to submit this application or to sign a formal Agreement, please ensure an individual with authority submits this application.
I understand that I must submit an application in the online application form (unless accessibility requirements are requested through your local community foundation).
Upon submission, your application will be shared with your local community foundation for review. Applicants will be notified by August 30, 2024, whether or not they were approved for funding. See the Applicant Guide for further timeline details.