2025/26 Community Enrichment Grants

Comox Valley Community Foundation

Organization Type and Location

To update the applicant or organizational information above, please email sigourney@cvcfoundation.org

Organization Type*

Select all that apply

Choices

Registered Charity as defined by Canada Revenue Agency

Registered Society as defined by the Societies Act of British Columbia

First Nation, municipality, or public body performing a function of government in Canada

Is your organization located on Hornby Island?*

Choices

Yes

No

Sponsorship

To apply for the Community Enrichment Grants, registered societies need to work in partnership with a financial sponsor.

What is a financial sponsor?

A financial sponsor is a qualified donee (registered charity) who works in partnership with the registered society and agrees to take on an application and its activities as its own and engages a society 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 registered charity, which will be responsible for disbursing funds to the registered society.

Sponsorship Agreement*

Please upload your signed Sponsorship Agreement.

Click here for blank Sponsorship Agreement.

File Size Limit: 2 MB

Name of Sponsoring Organization*
Character Limit: 250

Contact at Sponsoring Organization*
Character Limit: 250

Role or Title*
Character Limit: 250

Email Address*
Character Limit: 250

Phone Number*
Character Limit: 10

Eligibility Requirements

Grant Priorities*
Proposals must directly relate to at least one granting priority. Please identify which of the priorities below your proposal is related to.

Select all that apply

Choices
Equity, diversity and inclusion
Food insecurity and food systems
Mental health and connection

Existing Documents Welcome
We are happy to accept existing documents, such as an application written for another funder, which includes some or all of the information we are requesting below. Please upload the document here and provide notes if needed in the text box. Please complete only the questions not covered in the existing document.

Character limit: 1,000
Character Limit: 1000 | File Size Limit: 2 MB

Eligibility for Hornby Island

Applications from organizations located on Hornby Island will be reviewed by up to two committees.
1. Applications for capital projects and items regardless of focus area will be considered by the Directors of the Hornby Island Community Fund.

2. Applications which meet the Community Foundation granting priorities will be reviewed by a community Grants Review Taskforce.

Please note applications may fit into one or both of these categories and we will ensure your application is directed appropriately. Questions? Contact sigourney@cvcfoundation.org to learn more.

Type of Request Hornby Island Only
Choices
Capital Projects and items
Other

Granting Priorities Hornby Island Only
Please identify if your application aligns with the following granting priorities.

Select any that apply.

Choices
Equity, diversity and inclusion
Food insecurity and food systems
Mental health and connection

Organization Information

How many volunteers, including board members, does your organization currently have?*
Character Limit: 250

How many full-time staff does your organization currently have?*
Character Limit: 250

How many part-time staff does your organization currently have?*
Character Limit: 250

Organization Annual Revenue*
What is your organization's annual revenue?

Choices
$49,999 and under
$50,000 to $149,999
$150,000 to $499,999
$500,000 to $1,499,999
$1,500,000 to $4,999,999
$5,000,000 - $9,999,999
$10,000,000+

Internal Controls*

Does your organization have practices and procedures in place for internal controls and accountability?

Choices

Yes

No

Financial Controls*

Does your organization have a bank account in the name of the organization and a financial management system to track the income and expense transactions of the organization effectively?

Choices

Yes

No

When did your organization begin operating?*

Character Limit: 250

Briefly outline your organization's mission/purpose*

Existing documents are welcome. Please upload below or write in the text box. This information supports reviewers understanding of your organization.

Character limit: 3,000

Character Limit: 3000 | File Size Limit: 2 MB

Proposal Name

Proposal Name*

The name of the proposal is attached to each and every form within your process. This is the "identifier" for the request. Proposal names may be edited for clarity or length in public facing CVCF materials.

Character Limit: 100

Proposal Overview*

What is the primary goal of your proposal?

Character Limit: 5000

Proposal Details

Proposal Details*

Please describe your plan in detail, outlining the specific actions and steps you will take to achieve your proposal's goal.

Keep in mind that reviewers may not be familiar with your organization, so make sure to provide context so they can understand your plan. Bullet points are encouraged!

Character limit: 5,000

Character Limit: 5000

Focus Areas*

Why is this proposal significant to your organization and how does it address your identified grant focus area(s)?

Character Limit: 5000

Populations Served

Primary Population Impacted*

What is the primary population that would be served by this funding? Select one primary population

Choices

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

Other Population Impacted*

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

Choices

children and young adults;
women;

First Nations, Métis and Inuit peoples;

persons of colour;

persons whose gender identity or expression is not cisgender;

persons living with disabilities;

persons living in rural and remote communities;

immigrants;

refugees

2SLGBTQIA+ persons;

seniors;

persons and families working and earning low incomes;

persons receiving social assistance;

persons with experiences of abuse and trauma; and

persons living with mental illness or addiction.

Impact and Outcomes

Impact*

What will be the impact to the community if this proposal is not implemented?

Character Limit: 5000

Outcomes*

What are the anticipated outcomes of your proposal? Where appropriate, include both:

- Numbers or data you can measure (like survey results, attendance, or number of clients serves), and

- Descriptions or stories that show the impact (like feedback from participants or changes in behavior)

You can also mention any short-term and long-term impacts your proposal might have.

Character Limit: 5000

Equity Lens and Community Representation

Equity-deserving representation*

Equity-deserving populations and communities include those who experience barriers to equal access, opportunities, and resources due to discrimination or disadvantage. This may include attitudinal, historic, social, or environmental barriers based on (but not limited to) age, ethnicity, disability, economic status, Indigeneity, gender identity and expression, nationality, race, or sexual orientation.

Does your organization identify with any of the following?

(Check all that apply)

Choices

Led by members of equity-deserving populations

Primarily serves equity-deserving populations
Both
Neither / Prefer not to say

Describe ways your organization actively brings an equity lens to its work*

An equity lens recognizes that individuals with lived experience know what is best for themselves and their community and that their participation is integral to the success of the program. 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 project planning, leadership, evaluation, and promotion.

Character Limit: 5000

Proposal Timeline

Start Date

Optional: please include if applicable to your proposal.

Character Limit: 10

End Date

Funds must be fully spent by December 31, 2026.

Character Limit: 10

Funding Request

Funding Request*

There is no maximum amount of funds an organization may request; however, grant approvals have historically ranged from $30,000 to $3,000 per application with most requests funded at the $10,000 level or lower. This year, $300,000 will be available for distribution in support of the entire community. We encourage applicants to keep their requests relative to the total funding available.

Character Limit: 20

Partial Funding

Partial Funding*

Will your proposal proceed with partial funding?

Choices

Yes
No

Partial Funding Plan

How will the proposal be adapted? What impact would partial funding have on your proposal's goals?

Character Limit: 2000

Budget

Please attach an organizational budget for 2025/26*

File Size Limit: 2 MB

Proposal Budget*

Please upload an existing budget template for your proposal, or use the budget template provided. If you are unable to complete a budget template for your proposal, please contact sigourney@cvcfoundation.org for assistance.

File Size Limit: 2 MB

Financial Information

Please upload your organization's most recent audited or unaudited financial statements*

File Size Limit: 5 MB

Other Confirmed Sources of Funding

List the amount and name(s) of organization(s)

Character Limit: 250

Other Unconfirmed Sources of Funding

List the amount and name(s) of the organization(s)

Character Limit: 250

Final Notes

If you received a 2024/25 CVCF Community Enrichment Grant, final reports are due **December 31, 2025** unless other arrangements have been reached in advance. Additional grant funding will proceed only when final reports from prior grants are complete. Please contact us if you need help or have questions about the final reporting.

Application Sharing*

Do you give the CVCF permission to share information from this application with other community funders and donors, in order to help identify potential additional funding opportunities for your project?

Note: If you provide consent, CVCF may share your application information with potential funders and donors until December 31. This will only be done to help strengthen your chance of receiving support.

Choices
Yes
No

Your Feedback (Optional)
As part of our ongoing commitment to improve service and best practices in granting, the Community Foundation is gathering insight about the growing use and value of Artificial Intelligence (AI) as a support tool for grant writing. Responses are optional and will be compiled separately from your application for internal learning only.

Does your organization use AI for planning, writing or other uses?
Choices
Yes
No
Sometimes

Is it helpful in preparing grant applications?
Choices
Yes
No
Sometimes