

**BC Tourism Climate Resiliency Initiative**

 **Micro-Grant Sample Application Form**

**January 2025**

 

   

Note: This word file is for testing and preparation purposes only. All eligible applications must be submitted via the online form available between January 7 and 28, 2025 at <https://www.destinationbc.ca/what-we-do/destination-management/bc-tourism-climate-resiliency-initiative/what-we-do-destination-management-bc-tourism-climate-resiliency-initiative-project-2/>

All required questions and fields are marked with an asterix (\*)

**APPLICANT INFORMATION**

\*Legal Name of Business or Organization:

Operating Name:

Applicant Type: Tourism Business, Non-Profit or Indigenous Organization

Business Number:

Is the business registered and headquartered in BC?: Yes, No

### APPLICANT MAILING ADDRESS

P.O Box*:*

Street Number:

City:

Province/Territory:

Postal Code:

### CONTACT INFORMATION

Name:

Title:

Phone Number:

Email Address:

### PROJECT INFORMATION AND GENERAL ELIGIBILITY

\*Project Name:

*Please assign your project a short name.*

Project Location:

*Please indicate the location the project work will occur.*

Tourism Region: Cariboo Chilcotin Coast, Kootenay Rockies, Northern BC, Thompson Okanagan, Vancouver Coast and Mountains, Vancouver Island

*If you're unsure, confirm your tourism region here:* <https://www.destinationbc.ca/what-we-do/destination-management/destination-development/planning-area-look-up-tool/>

Total Project Cost:

*Please enter a number greater than or equal to 0. This is the total amount the project costs to implement (excluding GST).*

Funding Request:

*Please enter a number greater than or equal to 0. Amount requested through this grant program up to $15,000.*

Does the project support the Tourism sector?: Yes, No

Describe the tourism experience provided by the business or organization that is connected to this project (*1300 characters max):*

Has the applicant organization been in operation for more than 2 years?: Yes, No

Is the organization a local government: Yes, No

Does the organization have at least 51% Indigenous ownership?: Yes, No

Has the applicant organization received micro-grant funding through this program previously?: Yes, No

### PROJECT ALIGNMENT

Project Summary: Please describe your project in one short phrase (*800 characters max):*

What type of project is this? Select all that apply. Adaptation Project, Certification, Sustainability Project

Project Overview: Please provide a description of your project and the work you will do (*1700 characters max):*

Project Alignment: Please describe how your project aligns with the Micro-Grant Program Guidelines and/or the BCTCRI goals around sustainability or climate adaptation *(1700 characters max)*:

### SUSTAINABILITY OR ADAPTATION PLAN

Has your organization participated in the BC Tourism Sustainability Network (BCTSN): Yes, No

Do you have an assessment and/or an action plan (developed in the BCTSN or co-developed with accredited outside experts) to improve sustainability and/or climate adaptation?: Yes, No

Does the assessment and/or action plan support or recommend your project?: Yes, No

Describe how your project aligns with the recommendations in your assessment and/or action plan (*1300 characters max):*

Provide a link to your sustainability assessment and/or action plan, or email it in PDF format to: DestinationStewardship@destinationbc.ca:

### RISK MANAGEMENT

Is your project shovel ready (e.g. planning & engineering is advanced enough that construction or other actions can start in the short term)?: Yes, No

Has your project been endorsed by the relevant decision makers (e.g. Board of Directors, Council) and have the appropriate authorizations?: Yes, No

Does your project have support from community stakeholders?: Yes, No

Is there a designated project manager or point person to lead the implementation of your project?: Yes, No

Describe your risk mitigation strategy and how you will ensure your project will be completed by September 30, 2025 (*1700 characters max):*

### BUDGET AND FUNDING

Is the total funding requested less than 50% of total project costs (or less than 75% of total project costs for Indigenous and non-profit organizations)?: : Yes, No

## FUNDING SOURCES

List the names of organizations providing funds to your project, including your own organization if applicable.

|  |  |  |
| --- | --- | --- |
| **Funder Name** | **Amount contributed** | **Status** |
|  | $ | Confirmed, In Progress |
|  | $ | Confirmed, In Progress |
|  | $ | Confirmed, In Progress |

## DETAILED BUDGET

List your budgeted project expenses.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Description** | **Type** | **Total Expense Amount (excluding GST)** | **Micro-Grant Funding Amount Requested** |
|  | Project Goods or ServicesConstruction or MaterialsEquipment LeasingEquipment PurchaseProject MaterialsInstructional SignageDigital InfrastructureCertification Assessment FeesCertification Audit FeesCertification Annual FeesOther | $ | $ |
|  | Project Goods or ServicesConstruction or MaterialsEquipment LeasingEquipment PurchaseProject MaterialsInstructional SignageDigital InfrastructureCertification Assessment FeesCertification Audit FeesCertification Annual FeesOther | $ | $ |
|  | *Pick one of the above* | $ | $ |
|  | *Pick one of the above* | $ | $ |
|  | *Pick one of the above* | $ | $ |
|  | *Pick one of the above* | $ | $ |
|  | *Pick one of the above* | $ | $ |
|  | *Pick one of the above* | $ | $ |

Identify any risks that may occur with the planned budget (*1300 characters max):*

### ON ATTESTATION

On behalf of:

I/We certify that the information contained in this form is, to the best of my knowledge, correct and complete.

**I Need Help**

If you have questions or are facing any barriers to the submission process, support is available.

Email destinationstewardship@destinationbc.ca to ask questions or make an appointment to get help with your submission. Appointments are available up to one week before submissions are due and may be limited in cases of high demand.