REPAIR GRANT APPLICATION

CONTACT INFORMATION

Name of Applicant or Organization (as it should appear on the cheque)					
Address					
City		Prov.		Postal Code	
Phone (primary)		Extension		Phone (secondary)	
Email					
Contact Person					

Please indicate your organization type:

- ☐ Non-profit (including registered charities)
- ☐ Community Association or Neighbourhood House
- ☐ Local Government
- ☐ First Nation
- ☐ Public Library
- ☐ School or School District
- ☐ Other (please specify): _____

SUMMARY:

Applicants are required to provide detailed information regarding their repair events. Suggested word limits are a guide only. Applicants may exceed or go below the recommended count as long as the content remains relevant and addresses the application requirements. If more space is required, please submit additional information in a separate document.

Funding Requested: $_____ (Max. $10,000)
Number of repair events planned (select one):

4 events 5-6 events 7-9 events 10+ events

ORGANIZATION OVERVIEW:

Tell us briefly about your organization, including mandate, programs, and experience working within the community. (*150 words)*

PROJECT OVERVIEW:

Describe your proposed repair events, including locations, intended event dates, repair types, anticipated participants, expected outcomes, and waste reduction benefits. *(200 words)*

WASTE REDUCTION IMPACT:

Describe anticipated number and types of items repaired, landfill diversion potential, product lifespan extension (where possible), and contribution to a circular economy. *(200 words)*

COMMUNITY ENGAGEMENT:

Describe target audience, outreach strategies, accessibility measures, and community partnerships.

- What opportunities for education on circular economy/zero-waste strategies are there?
- How will you get the word out to new audiences about your events? *(300 words)*

PROJECT DELIVERY AND FEASIBILITY:

Describe event format, volunteers, repair facilitators, safety considerations, logistics, and timeline. *(300 words)*

ORGANIZATIONAL CAPACITY:

Describe experience, staffing, volunteer capacity, and resources available to deliver the project. *(300 words)*

EDUCATION & BEHAVIOUR CHANGE:

Describe repair education opportunities, skill-building activities, and awareness initiatives. *(300 words)*

BUDGET:

Please provide a detailed breakdown of how you plan to use Repair Grant funds. For each budget item, clearly explain how it will contribute to a successful repair event. You may use the suggested categories or create your own. Please refer to the Repair Grant Guidelines for eligible expenses.

Your response should include:

- A list of specific expense items (e.g. supplies, equipment, outreach materials)
- The estimated cost for each item
- A brief explanation of how each item contributes to the goals of your repair event

Items	Description	Amount	Explanation
Example: Repair Supplies	Thread, glue, patches	$75 x 4 events = $300	Supplies needed for carrying simple textile repairs.
Total Funding Request			

**if extra space is needed, please provide a supplement sheet.

REPORTING & REIMBURSEMENT OPTION:

Please select one:

Option A – Annual Reporting and Single Reimbursement

Option B – Multiple Reports and Reimbursements, with a maximum of one per quarter

PROJECT FOLLOW-UP & DECLARATION:

Successful applicants agree to host a minimum of four (4) free repair events, submit required reporting information, provide financial summaries, and follow appropriate safety and liability practices.
Reporting will include event information, participant information, item repair information, volunteer hours, photos/testimonials, and a financial summary.

I certify that:

The organization is eligible under the Repair Grant Program.

Repair services will be provided free of charge to participants (donations optional).

The organization has the capacity to deliver the proposed project.

The organization agrees to comply with all grant requirements and reporting obligations.

We agree to share photos and with signed a media release forms (Adult) (Minor).

Name:	
Title:	
Date:	Signature:

APPLICANT SIGNING AUTHORITY:

I/we hereby declare that all the information provided herein and on the accompanying statements is to the best of my/ our knowledge, true, complete and correct and understand that it will be used by the Capital Regional District to determine funding worthiness. This information is collected under/subject to The Freedom of Information and Protection of Privacy Act. The proceeds of the funding applied for, if approved, will be used for the expressed intent described in this application which will be for business and not for personal, family or household purposes.

Please save and return using one of the methods below:

By email: rethinkwaste@crd.bc.ca

By mail: Capital Regional District 625 Fisgard Street Victoria, BC V8W 1R7

Questions? Contact 250.360.3030 or rethinkwaste@crd.bc.ca