



2025 Community Engagement & Knowledge Mobilization Micro-Grant Application

Before filling out this application, please ensure you have read all information and eligibility criteria thoroughly. You can find the detailed application guide with eligibility criteria on our website. We recommend downloading a copy of this application form and filling in your responses offline. The Chilliwack Social Research and Planning Council is committed to supporting those with accessibility needs. If you require assistance with completing your application, please contact us at info@csrpc.ca. **Please note:** Only emails related to accessibility needs will be responded to. Any further information about the grant application can be found on our website at <https://www.csrpc.ca/apply>. **Applications for the Spring 2025 intake are due February 28, 2025 at 11:59pm PST.**

Applicant Information

Please indicate the name of the organization applying. *

Please indicate the type of organization applying. Please note: Individuals and community groups are eligible to apply as long as they have a financial sponsor (non-profit or charitable organization) that is able to administer the grant funding. *

- Non-profit or charitable organization
- Individual or community group (with financial sponsor)
- First Nation Band or Self-Governing First Nation
- Métis Chartered Community
- Other

Who is the financial sponsor for this application? Please provide the registered name of the sponsoring organization.

Who is the primary contact for the sponsoring organization? Please include their full name.

First Name Last Name

Please indicate their mailing address (include street address, city and postal code).

Street Address

Street Address Line 2

City Province

Postal Code

Please indicate their email. This will be our primary way of contacting them.

example@example.com

Please indicate their phone number.

Please enter a valid phone number.

What is the name or proposed title of your project? *

Who is the primary contact for this application? Please include your full name. *

First Name Last Name

What is your title? *

Please indicate your mailing address (include street address, city and postal code). *

Street Address

Street Address Line 2

Please indicate your email. This will be our primary way of contacting you. *

example@example.com

Please indicate your phone number. *

Please enter a valid phone number.

Project Description

Please provide an overview of your project. (250 words max) *

0/250

Please provide the objectives of your project. (250 words max) *

0/250

Please describe the intended outcomes, measurables and impact of your project (500 words max) *

0/500

How many people do you anticipate to reach through this project? Only count participants once (i.e., if someone participates in your project several times, only count their initial participation). *

Please indicate your project duration. Projects must be completed within 6 months or 1 year and funding cannot be extended. *

6 months

1 year

Please complete the following project workplan. Please limit your responses in each cell to 1-2 sentences.

Project Milestone	Brief Description	Who is Responsible	Month of Completion
1			
2			

Partners

Please list confirmed partners and provide a short description of their role in the project (no more than 1-2 sentences). Letters of support from partners or the community should be submitted with your application below, if applicable.

Funding

What will you use the funding for if granted? *

0/250

Does this funding contribute to a larger project or goal? *

Yes

No

Please describe your sustainability plan after the funding period.

0/250

Acknowledgment

I confirm that all information I entered in this form is accurate and true.

I understand that the information in this form is not for public use and remains confidential depending on the agreement.

I understand that the grant funds are given on a first-come basis.

I understand that the application will be reviewed and thoroughly evaluated based on the criteria of the grantor.

By signing this form, you agree to the terms and conditions indicated on this form.

Date Signed *

Month Day Year