

# Limited Duration Operating Grant January 2026

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*City of Prince George*

## *Freedom of Information and Protection of Privacy Act*

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The information on this form is collected by the City of Prince George for the purposes of processing this application, under the authority of sections 26(c) and (e) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information, please contact Civic Initiatives and Partnerships at 1100 Patricia Boulevard, Prince George, BC, or by telephone 250-561-7600.

## *Pre-Screening Questions*

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### **How to Download the Application Questions:**

Please note: the application will autosave as you go along.

To review the application questions before completing your application, follow these steps:

1. Locate the "Question List" button in the top-right corner of the page.
2. Click the button to download a full list of the application questions.
3. Prepare your answers ahead of time  
You can copy and paste the questions into a Word document or another text editor to draft your responses.
4. Important: Submit your application online  
The final application must be submitted through the online application system.

Please note: If you have any questions about the application process, please email [communitygrants@princegeorge.ca](mailto:communitygrants@princegeorge.ca)

### **1. Confirm (selecting yes) if you are approved for funding, you will not allocate funding towards\***

- Payment of City Property Taxes
- Payment of Debt
- Major Capital Purchases (e.g. land acquisition, buildings, vehicle purchases etc.)

#### **Choices**

Yes

No

## 2. Confirm by filling out this application, you agree that the information may be publicly accessible\*

**Please note: The information provided in your application will be shared with Council and adjudicated during a public meeting**

### Choices

Yes

No

## *Primary Contact Information*

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### Primary Contact Name

First and Last Name for the primary contact for this application

*Character Limit: 250*

### Primary Contact Email Address

Please note: this email address will be used to communicate with you regarding your application. Please ensure that it is correct

*Character Limit: 250*

## *Organization Information and Profile*

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### Tips for Answering Questions:

- Read each question thoroughly
- Be concise, specific, and clear
- Use short, understandable sentences and avoid unnecessary details (bullet points are acceptable)
- Ensure that your application is complete

### **Important Information:**

Upon submission of your Step 1 LOI, all information will automatically populate into this application form. Please review and complete all remaining questions; however, note that **only**

**the numbered questions will be scored at this stage.** All other questions are for information purposes only.

## Organization Name

*Character Limit: 100*

## Your Organization's Mandate or Mission Statement

Please provide your organization's mission or mandate statement  
(max 1200 characters)

*Character Limit: 1200*

## Please select one broad category your organization BEST fits within

### Choices

Accessibility  
Arts and Culture  
Community Safety  
Environmental  
Events  
Recreation  
Social

## Years of Operation\*

How many years has your organization been operating for?

*Character Limit: 250*

## Volunteers\*

Please select all that apply regarding volunteers.

### Choices

Regular Volunteers  
Occasional Volunteers  
I do not have volunteers

## Volunteer Numbers

How many volunteers (regular and occasional) does your organization have? Please provide the total numbers. You may skip this question if you do not have any volunteers.  
(max 250 characters)

*Character Limit: 250*

## Staff\*

Please select all that apply regarding paid staff

### Choices

Full time staff  
Part time staff  
I do not have paid staff

## Staff Numbers

How many full-time and part-time staff does your organization employ? Please provide the total numbers. You may skip this question if you do not have any paid staff.  
(max 250 characters)

*Character Limit: 250*

## Networks\*

Does your organization have a formal affiliation with a larger provincial or federal network?

### Choices

Yes

No

## If yes, describe your networks affiliation

Provide a name and a very brief explanation of the nature of the relationship (max 250 characters)

*Character Limit: 250*

## Strategic Planning\*

Does your organization have a strategic plan?

### Choices

Yes

No

## If yes, please briefly summarize key priorities from your Strategic Plan

You may skip this question if you do not have a Strategic Plan (max 250 characters)

*Character Limit: 500*

## *Alignment with Grant Criteria: Programs and Services*

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### **Describe how your organization's work aligns with the grant criteria/priorities**

This section helps the City understand how your ongoing programs and day-to-day operations support the grant criteria/priorities listed below. While your organization may contribute to multiple areas, for this grant, we ask that you focus on the one grant criterion that best aligns with your mandate.

Please describe how your organization's mandate clearly aligns with one of the grant criteria below, using real examples or stories to illustrate this connection:

#### **Grant Criteria (Focus Areas):**

- A safe, healthy, and clean community
- Equity, diversity, inclusion, and accessibility

#### **Other Grant Criteria Areas:**

- Community pride
- Health and wellness
- Social connection
- Arts and culture participation
- Environmental sustainability and stewardship

Please note that organizations whose mandates and activities align with a safe, healthy, and clean community and equity, diversity, inclusion, and accessibility will be prioritized for funding.

*Character Limit: 10000*

### 1. Programs and Services Overview - Impact in the Community

**Instructions:** please complete the table below by listing your organization’s programs and services. For each program or service, include:

- Target audience – the people who participate in or benefit from the program
- Number of participants served – the total number of individuals reached annually for that program
- Duration and frequency – how long the program runs and how often it occurs
- Delivery methods – how the program or service is offered (e.g., in-person, online, workshops)

**Why are we asking for this?**

Collecting this information helps ensure transparency in how public funds are used and allows Council to make informed decisions about future funding. It highlights the value and impact of your organization’s work, shows how grant dollars support community needs, and helps identify gaps, trends, and opportunities for improved services across the city.

**Example:**

Please see the below example on how to fill out the table

Program Name	Target Audience	Number of Participants (Annual)	Duration / Frequency	Location / Delivery Method
Program Name 1	Children, youth, seniors, low-income individuals, families, newcomers, or other specific populations served	300 participants	Activities delivered daily, weekly, ongoing programs, annual events, or seasonal services	Online, in person at your facility, and/or multiple locations throughout Prince George

Program Name	Target Audience	Number of Participants (Annual)	Duration/Frequency (weekly, monthly etc.)	Location/Delivery Method
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**1.2 Total number of annual participants impacted\***

Based on the table above, provide the total number of participants impacted through your programs and services. Please note that you must demonstrate that you directly impact more than 100 residents annually.

*Character Limit: 250*

**2. Partnerships with Other Organizations\***

Please note you must demonstrate partnership with at least one other organization on an ongoing basis. Please provide the following information

- The name of the organization
- A brief description of the nature of your partnership

*Character Limit: 10000*

*Funding and Financial Details*

**Reminder: The Limited Duration Operating Grant will NOT fund**

- Payment of City Property Taxes
- Payment of debt
- Major capital purchases (e.g. land acquisition, buildings, vehicle purchases etc.)

## How much is your annual operating budget

Please indicate the total operating budget for your organization in Prince George.

Organizations with an overall operating budget of less than \$250,00 are eligible/encouraged to apply (Supporting smaller not-for-profits fosters grassroots innovation, builds local capacity, and ensures a more equitable and diverse delivery of community services)  
(max 250 characters)

*Character Limit: 250*

### 3. Main sources of funding\*

Please note in order to be eligible for this grant, your organization must have other sources of confirmed funding which may include revenue. Include all sources of funding that your organization receives from the list below

#### Choices

Provincial Government funding  
Federal Government funding  
Community Gaming Grants  
Fundraising events  
Membership fees  
Earned income (merchandise sales or other sales)  
Corporate Sponsorships  
Private Donations  
Other

#### 3.1 If you selected other, please specify

You may skip this question if you did not select other  
(max 250 words)

*Character Limit: 250*

### 4. Operational Funding Breakdown

While the funding is undesignated, please indicate a general high-level breakdown on where you propose funding will be directed towards using the pre-determined operational expense categories.

**Your organization is only eligible to apply if you have an operating budget of less than \$100,000 for up to 30% of your annual operating budget, to a maximum of \$30,000 per year (up to 2yrs)**

- For example, if you apply for up to \$10,000 for 2026, you may be eligible to receive an additional \$10,000 in 2027 without needing to reapply, as part of a two-year funding term (paid annually)
- If your annual operating budget is \$80,000 (30% of that is \$24,000) the maximum, you can apply for is up to \$24,000
- If your operating budget is \$100,000 (30% would be \$30,000) the maximum, you can apply for is up to \$30,000

**Notes for completion:**

**Budget Category:** Find the general category(s) that BEST FITS on where you are planning to allocate the majority of the expenses if approved for Limited Duration Operating Funding. If other, specify in that box both the amount and a brief description.

**Amount Requested:** The amount you are requesting for each category (this should align with the total grant amount requested).

<b>Budget Category</b>	<b>Amount Requested</b>
<b>Staff wages</b>	
<b>Overall Program Expenses</b>	
<b>Facility Costs (rent, utilities, maintenance etc.)</b>	
<b>Administrative Expenses (office supplies, technology etc.)</b>	
<b>Fundraising Costs</b>	
<b>Professional Services (fees for legal, accounting, consulting, or other professional services.)</b>	
<b>Insurance and Compliance (costs for insurance coverage and maintaining compliance with regulations)</b>	
<b>Capital Expenses (investments in assets such as equipment, or minor facility improvements)</b>	
<b>Travel and Transportation</b>	

<b>Marketing and Outreach</b>	
<b>Other</b>	

**4.1 Total Amount Requested from City of Prince George\***

Transfer the total amount requested from the City of Prince George from the above table here

*Character Limit: 20*

**5. Statement of Revenues and Expenditures Signed by 2 Directors\***

Must be recent and signed by 2 Directors.

Acceptable file types: PDF, Word, Excel. Max file size: 10 MiB.

*File Size Limit: 10 MB*

**5.1 A Balance Sheet\***

May be annual or interim.

Acceptable file types: PDF, Word, Excel. Max file size: 10 MiB.

*File Size Limit: 10 MB*

**Optional File Upload**

Acceptable file types: PDF, Word, Excel. Max file size: 20 MiB.

*File Size Limit: 20 MB*

***Need for Funding: Challenges and Future Plans***

This section will help adjudication understand the current challenges you face, your future goals, and how this funding will support you in achieving them.

**Reason for requesting operating funding**

Is your organization requesting operating funding in order to sustain operations, grow, expand services, pilot new programs or meet a growing demand in the community

*Select all that apply*

**Choices**

- Sustain operations
- Grow organization/expand services
- Pilot new programs
- Meet a growing demand in the community
- Respond to operational challenges

Other

### Based on your choice above

Please describe what your organization hopes to achieve with this funding for the next 1-2 years based on your selection above. *For example, if you selected "expand services," explain what new programs you plan to offer.*

*If you selected "other," please describe here.*

*Character Limit: 10000*

## 6. Revenue Trends\*

Over the last 3 years, has your organization's funding increased, decreased, or remained stable?

### Choices

Increased

Decreased

Stable

### 6.1 Please explain any significant changes\*

Explanation of funding trends and reason for changes. Please describe both internal factors (e.g., staffing, resources) and external factors (e.g., community needs, regulatory changes) that are impacting your operations. Be as specific as possible.

*Character Limit: 10000*

## 7. Have you seen a change in demand for your organization's services in the past 2 years?\*

### Choices

Increase

Decrease

Stayed the same

### 7.1 Please explain any significant changes\*

Explain what you've observed in demand for your programs and services over the past two years and identify any significant changes, including the factors you believe have contributed to those changes.

*Character Limit: 10000*

## Metrics and Monitoring

Please note: If approved for funding, you will be required to provide specific metrics in the annual evaluation report, comparing your progress to the reasons for requesting operating funding set in this application (question prior).

### Why This Is Important:

This helps us assess whether the funds are being used effectively and supports our goal of ensuring that all organizations are advancing the broader objectives of the funding program. It also enables us to track progress and make informed decisions about future funding allocations.

## *Confirmation & Signature*

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By signing below and submitting this application, I confirm that the information provided is accurate to the best of my knowledge. I understand that the submission of this application does not guarantee funding, as the grant process is highly competitive, and demand may exceed the available budget. I acknowledge that adjudication reserves the right to allocate funding in full, in part, or not at all.

### **E-signature\***

Please type your first and last name below.

*Character Limit: 250*

### **I give permission to CPG to share my application with other funding sources as appropriate.\***

On occasion, the City of Prince George (CPG) is approached by other funders. By selecting yes, you authorize CPG to share your application and contact information with those organizations.

#### **Choices**

Yes

No

### **Suggestions for Improvements (Optional)**

Do you have any suggestion on how we can improve the application form?

*Character Limit: 250*

### **How to Download Your Completed Application and Check Your Application Status:**

Follow these steps to save a copy of your completed application to your computer and monitor your applications progress:

- **Download Your Completed Application:**
  - After completing your application, locate the "Application Packet" button in the top-right corner of the page.
  - Click the button to download your completed application as a PDF for your personal records.
  
- **Check Your Application Status:**
  - Log back into your account at any time to view the status of your application.
  - Updates on your application will be displayed on your dashboard.

## Thank you for completing step 2/2 of your application!

### Next steps:

- You may expect to be notified of the funding outcome in 6-8 weeks.
- Please contact [communitygrants@princegeorge.ca](mailto:communitygrants@princegeorge.ca) if you have any questions.