



# Community Investment Application 2021

## How To Use This Form:

Save the application to your computer before entering data. Data entered in the online application will not be saved; you must work from the saved file on your computer. Send the completed application by email to [clerk@townofriverview.ca](mailto:clerk@townofriverview.ca) or print and mail to Deputy Town Clerk, Riverview Town Hall, 30 Honour House Court, Riverview, NB E1B 3Y9.

## Application for Donations

The Town of Riverview believes that municipal governments and the local partnerships they form have real power to affect change in the well-being of our communities. Good governance is an attitude and approach to governing based on a shared vision, common values, open processes, networking and collaboration, and respect for those within the municipal government and those they serve. Through a Community Investment Strategy, The Town of Riverview partners and invests in organizations, programs, projects and initiatives that contribute to achieving the community goals and helps us advance towards Riverview's Vision.

## Purpose

The purpose of a Community Investment Strategy this strategy is three fold:

- Improve the wellbeing of individuals, neighbourhoods and the Town of Riverview as a whole through directing Town grants to eligible organizations that can demonstrate their positive contribution to the achievement of the community goals.
- Provide eligible organizations with funding for:
  - Grants
    - Annual Grant program that provides funding towards organization's programs, projects and operational expenses.
  - Sponsorships
    - Funding requests in excess of \$500 for event or tournament hosting, travel subsidies, in-kind assistance or facility discounts.
  - Donations
    - Requests less than \$500 for individual support, event support such as tickets, funding assistance or promotional items, in-kind assistance or facility discounts.
- Ensure the process to review and allocate grant funding is transparent, consistent and achieves the maximum impact for the investment provided.

## Our Vision

**Riverview** is a thriving community that works together to support the prosperity of the local economy, while ensuring a legacy for future generations.

**We** are firmly rooted along the banks of the Petitcodiac River, where healthy, active lifestyles and strong social connections flourish.

**Riverview** is a safe place that celebrates and protects the natural habitats of the Fundy region, the arts and our cultural diversity, while cherishing the quality of life they provide to us.

<b>PART ONE: GENERAL INFORMATION</b>			
Name of Applicant Organization:			
Address:			
City:	Postal Code:	Telephone:	
Name of Primary Contact:			
Position in Organization:			
Email:			
Name of President or Board Chair:			
<b>Funding Requested</b>			
<p>Donations are requests less than \$500 for individual support, event support such as tickets, funding assistance or promotional items, in-kind assistance or facility discounts. Only one Donation Application is permitted from each organization per year.</p> <p>Total Amount Requested: \$ _____</p>			
<b>1. What is the main sector your organization serves? Select one.</b>			
<input type="checkbox"/> Arts and Culture <input type="checkbox"/> Recreation and Leisure <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Community Engagement <input type="checkbox"/> Other (please specify): _____			
<b>2. Are you currently receiving or have you received funding from the Town of Riverview in the last 3 years?</b>			
<u>Year</u>	<u>2017</u> _	<u>2018</u> _	<u>2019</u> _
Grant Received	\$ _____	\$ _____	\$ _____
			<u>2020</u>
			\$ _____
<b>3. Are you or do you represent an incorporated not-for-profit organization?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Are you or do you represent a registered charity?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your charitable number: _____			

**5. Are you or do you represent a sporting organization?**

Yes       No

**6. When was your organization established?**

Year \_\_\_\_\_

**7. Does your organization have a volunteer board of directors or executive?**

Yes       No

Please list your board/executive members in the table below:

Name	Position

**8. Is your organization in “good standing” with the Town of Riverview?**

Yes       No

If “No”, explain why:

**9. What is the mission and mandate of your organization?**

<b>PART TWO: DONATION APPLICATION (for requests less than \$500)</b>	
<b>1. Please choose the type of funding requested:</b>	
<input type="checkbox"/> Event Hosting (Event Name _____ ) <input type="checkbox"/> Tournament Hosting (Tournament Name _____ ) <input type="checkbox"/> Individual Travel Subsidy <input type="checkbox"/> In-Kind Assistance <input type="checkbox"/> Facility Discount (Facility Name _____ )	
<b>Please complete the following applicable sections:</b>	
<b>2. If an event or tournament, where is it being held?</b>	
Location: _____	
<b>3. What is the date of the event?</b>	
Date: _____	
<b>4. Which of the Community Priority Areas does your event positively contribute to? (Check all that apply)</b>	
<p>The Riverview Grant program is designed to support community goals. These goals will be reviewed every three years to ensure they continue to be relevant to the community, the Community Investment Strategy and the Grant program. Organizations must demonstrate in their application how they will support at least ONE of the following <b>community priority areas</b>.</p>	
<p><b>1. <input type="checkbox"/> Diversity through Culture and Arts</b></p> <p>Residents...</p> <ul style="list-style-type: none"> <li>• Enjoy arts culture and heritage opportunities that are accessible, affordable and contribute to individual and community identity;</li> <li>• Have access to arts and cultural activities to gather, stay connected and celebrate community</li> <li>• Have access to a range of local cultural spaces for meeting, sharing and participating.</li> </ul>	
<p><b>2. <input type="checkbox"/> Recreation and Leisure</b></p> <p>Residents...</p> <ul style="list-style-type: none"> <li>• Have sport and recreation opportunities that are accessible, affordable and contribute to individual and community identity</li> <li>• Have opportunities through sport and recreation to gather, participate, stay connected and celebrate community.</li> </ul>	

3.  **Health and Wellness**

Residents...

- Are physically, mentally and emotionally healthy;
- Have equitable, affordable, accessible, effective and appropriate resources to support and maintain their health;
- Have a sense of belonging and feel safe and respected

4.  **Community Engagement**

Residents...

- Experience a culture and environment of comfort and trust so that people can collaborate and engage
- Have opportunities to discuss and resolve issues together
- Are involved in civic life and have ownership of what is happening in Riverview

**5. Approximately how many people will benefit from the event/tournament supported by the funding?**

	Number of Riverview Residents	Number of Non-Riverview Residents
Program Participants Audience Members/	_____	_____
Event Attendees	_____	_____
Other (Please Specify) _____	_____	_____
<b>Total Number of Beneficiaries</b>	_____	_____

**6. How many volunteers will be involved in the event/tournament supported by the grant?**

\_\_\_\_\_ Volunteers

**7. How many hours will these volunteers contribute?**

\_\_\_\_\_ Hours

**8. How will the Town of Riverview be recognized for this contribution? Please provide details.**

Promotional Materials/Ads/Websites:

Speaking Opportunities:

Other:

**9. If applicable, how does your event/tournament complement other events currently being provided in Riverview?**

**10. If applying for a travel subsidy:**

- a. Is the participant 18 years of age or older?  Yes  No
  - i. If no, application must be signed by either a coach, teacher or parent/guardian.
- b. Is the event a Provincial, National or International event? \_\_\_\_\_
- c. Where is the event taking place? \_\_\_\_\_

**11. If applying for in-kind assistance, describe in detail the assistance being requested.**

**12. If applying for a facility discount, what is the name and type of event being held at the facility?**

We certify that, to the best of our knowledge, the information provided in this application is accurate and complete and is endorsed by the group or organization which we represent and any funds should they be approved will be used only for the event described.

**Application Prepared By:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Application Approved By:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

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**Parent/Guardian, Coach or Teacher Approval** (if applicant is under the age of 18 years):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Collection of Information**

Personal information, as defined by the NB Right to Information and Protection of Privacy Act (RTIPPA) is collected in accordance with the provisions of RTIPPA. Personal information on this form will be used for the purpose of assessing Community Investment Applications, making decisions about funding allocations, reporting on statistics about the Community Investment program, and to send you updates about the program and allocations. If you have questions about the collection, use, and disclosure of this information, contact the Town of Riverview's Town Clerk at 506-387-2136 or [acrummey@townofriverview.ca](mailto:acrummey@townofriverview.ca).

Completed applications should be returned to [clerk@townofriverview.ca](mailto:clerk@townofriverview.ca) or mailed to:

Town of Riverview  
30 Honour House Court  
Riverview, NB E1B 3Y9  
Attn: Deputy Clerk

**For Office Use Only**

Approved

Approved by: \_\_\_\_\_

Denied

Amount Approved: \_\_\_\_\_