



Alberni District Co-op
COMMUNITY INVESTMENT FUND



Alberni District Co-op Community Investment Fund

Alberni District Co-op (ADC) supports and serves the community and its people in the Alberni Clayoquot Regional District and surrounding Vancouver Island business area.

We are a locally owned employer which is part of Federated Co-operative Limited (FCL). As a Co-operative we are a part of 160 plus Co-ops across Western Canada which helps build, feed and fuel communities. We care about our families, friends, neighbours, and the communities where we live, work and play.

Community Investment Fund

ADC's Community Investment Fund supports community programs and organizations that provide a necessary service in improving the quality of life within our community.

Eligibility

Applicants applying for funding should review their project meets the following criteria;

Be a registered non-profit or charitable organization

Support Charitable projects or events that are making an impact in the local community

Projects ineligible for funding include:

- Sports related events (e.g., golf tournaments)
- Projects located outside of the Alberni Valley and surrounding business area
- Marketing sponsorship requests
- Religious or politically affiliated organizations
- Third party fundraising requests
- Capital funding requests (see FCL's Co-op Community Spaces Program)

**Individuals looking for Capital Funding Requests, please check, FCL's Co-op Community Spaces Program*

Funding Deadlines

Application submission periods are hosted from;

February 23rd—April 30th, 2023



How to Apply

Funding announcements will be made in June

Applications are available for download at;

www.albernico-op.crs

Please ensure content is visible and legible

For questions, please connect with;

marketing@adcoop.ca

(Tel:) 1.250.723.2831 ext. 2

Completed applications with supporting documents may be submitted by mail, email, fax or by visiting our Administration Office;

Alberni District Co-op
4885 Beaver Creek Rd, Port Alberni, BC, V9Y 7E1
Attention: Marketing
Fax: 1.250.723.0324
Email: marketing@adcoop.ca

Funding Notification

Our Community Marketing Team strives to contact all applicants. Please allow us time to review your submissions. Decisions regarding funding will be provided by letter to the organization.

The ADC strives to support as many community events and organizations as available. Unfortunately, due to the high volume of requests received, not all submissions will be approved for funding.

Please know while all application may not be approved. It is not a reflection upon the value your organization is providing in our community. We encourage any participants who did not receive funding to reapply in the following application deadline.

**LOCALLY
INVESTED**

**COMMUNITY
MINDED**

**LIFETIME
MEMBERSHIP
BENEFITS**

ORGANIZATION INFORMATION:

Full legal name of organization

Name of organization (if different from legal name)

Contact Name

Contact Mailing Address

Organization Mailing Address

(If different from contact mailing address)

Organization Phone

Contact Phone

Contact Email

Alternative Contact Name

Alternative Contact Phone

Organization website (if applicable)

Please describe how you heard about the program (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Co-op Employee | <input type="checkbox"/> Newspaper Advertising |
| <input type="checkbox"/> Digital Advertising | <input type="checkbox"/> Other (please describe) |
-

PROJECT ELIGIBILITY

Registered Status

*Please provide a copy of incorporation as a supporting document

Please describe your organizations charitable category

(ie. medical, social, senior, youth, food bank, etc.)

Please describe your organizations overall mission and main objectives (Max 200 words)

If additional space is required, please print "see attached" and attach an additional sheet

How does your organization plan to use the funds received? Please provide as much detail as possible.
Attach another sheet if required

Other sources of funding for this program/organization and amount of funds received from each source

How much financial support is required in total to complete this project and/or to operate the program annually?

How much funding is being requested in this application?

Will this program or organization be sustainable past the support of this funding?

Yes No

Details

How many people are anticipated to be impacted by the program if you receive this funding?

Please provide details on the expected community benefits of the program (direct and indirect)

Please describe how your program will improve the quality of life for your targeted demographic

Authorized signature of organization

Dated

Printed Name and Title

Additional Details:

