

Grant for Assistance Application



Organization Information Sheet

Name of Organization:	People Power Society for Healthy Communities
Mailing Address:	6298 Doman Road, Lone Butte, BC, V0K 1X3
Telephone (office):	250-397-2852
Purpose of Organization (From Constitution or Incorporation Documents):	To provide vegetables and distribute to low-income people in the S. Cariboo
How long has the organization operated in the community?	2 years
BC Society Registration Number:	50071930
Federal Charitable Registration Number: (if applicable)	N/A
Chairperson's name:	David Laing
Telephone:	[REDACTED]
Email:	info@peoplepowersociety.org
Treasurer or Financial Officer's name:	Laura Laing
Telephone:	[REDACTED]
Email:	info@peoplepowersociety.org

Date of last Annual General Meeting (Attach minutes and current list of Directors):

We haven't had one yet because we're newly incorporated. First AGM scheduled for Sept. 30, 2020.

Attach the last financial statement prepared and signed by the appropriate person (i.e., CA, CGA, CMA, comptroller, bookkeeper, financial officer, treasurer, etc.).

Previous Year Grant from CRD and District (if applicable) \$ N/A

NOTE: A Final Report for previous year's grant MUST be included with this submission.

Current Grant Amount Requested \$ 1000.00

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Please answer the following questions, using additional paper if necessary.

1. What plans has your organization made to fund its activities over the next 3-5 years?

Apply for grants, local fundraising campaigns,
selling vegetables at farmers' markets

2. If your organization charges user fees/memberships/admission, attach your current fee structure: membership \$10/year

3. What are your organization's specific goals and objectives for this year? How do they differ from previous years?

To produce, advocate, and educate regarding food security in the South Cariboo. To give away 600 bags of vegetables to marginalized, low-income people, or those otherwise in need.

4. Who does your organization serve? (% of clients from District, % of clients from South Cariboo)

40% from District, 60% from CRD

5. Does your organization receive a rental subsidy from the CRD and/or District? If so, how much?

no

6. Does your organization receive any benefit from permissive tax exemption, and if so, how much? (information available from District Tax Department)

no

7. Does your organization use CRD or District owned facilities? If so, which ones?

no

8. How will you indicate that the CRD and District are contributing to your organization?

put it on our website and hand-outs

Grant for Assistance Application



Project Summary Sheet

Please answer the following questions, using additional paper if necessary.

1. Brief Description of Proposed Use of Grant Being Applied For:

To help support the growing and distribution of the vegetables, through supplies and infrastructure purchases.

2. How do you know there is a need for this service/project in our community?

In 2019, we distributed over 300 bags of vegetables, and with the recent curtailments, we anticipate a greater need in 2020.

3. Is your agency applying for funds from other levels of government or other sources for this project?

yes

4. Would you still be able to complete the project if you do not receive the other funds applied for?

At this point, we have no other funding.

5. Please describe the impact of this application being denied or approval of an amount less than requested.

We would not be able to produce and distribute as much food, therefore not be able to help the community as much.

6. Start date of the project: April 2020

End date for the project: October 2020

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7. Please describe the key activities that will take place to complete the project and any associated timelines.

April to October 2020 - ground prep, planting, weeding, harvesting in the garden. May to October - weekly distribution of food, through our Bag of Plenty program, 100 Mile Food Bank, & Cariboo Family Enrichment Centre.

8. Please provide a detailed financial budget for the project.

see attached

9. Please explain how you will measure and evaluate the impact of this project on the community? How will you determine if it was successful?

We will keep a log of how many bags of vegetables are distributed. This year, we were told repeatedly by our clients how much they appreciated and were benefitted by our food distribution program.

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.



President/Chairperson

PEOPLE POWER



"sowing seeds for those in need"

2020 Draft Budget

Seeds	\$400.00
Irrigation System/Drip Line/Maintenance	\$1500.00
Mulch Film/Greenhouse Covers	\$2300.00
Miscellaneous Costs	\$800.00
Total	\$5000.00



BRITISH
COLUMBIA

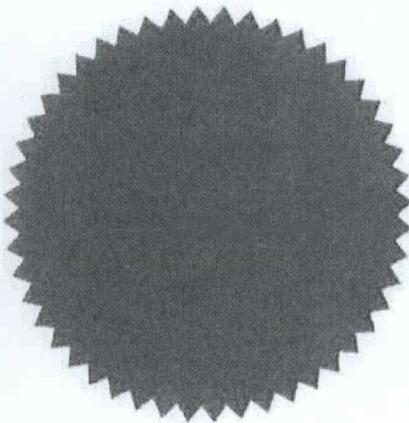
Number: S0071930

Societies Act
CERTIFICATE OF INCORPORATION

PEOPLE POWER SOCIETY FOR HEALTHY COMMUNITIES

I Hereby Certify that ~

PEOPLE POWER SOCIETY FOR HEALTHY COMMUNITIES was incorporated under the
Societies Act on September 9, 2019 at 09:20 AM Pacific Time.



*Issued under my hand at
Victoria, British Columbia*

A handwritten signature in cursive script, appearing to read "Carol Prest".

CAROL PREST

REGISTRAR OF COMPANIES
PROVINCE OF BRITISH COLUMBIA
CANADA



STATEMENT OF DIRECTORS AND REGISTERED OFFICE

BC Society • Societies Act

CERTIFIED COPY
Of a document filed with the
Province of British Columbia
Registrar of Companies

CAROL PREST

NAME OF SOCIETY: PEOPLE POWER SOCIETY FOR HEALTHY COMMUNITIES

Incorporation Number: S0071930
Business Number: 77273 6278 BC0001
Filed Date and Time: September 9, 2019 09:20 AM Pacific Time

REGISTERED OFFICE ADDRESS INFORMATION

Delivery Address:
[REDACTED]
LONE BUTTE BC V0K 1X3

Mailing Address:
6298 DOMAN ROAD
LONE BUTTE BC V0K 1X3

DIRECTOR INFORMATION

Last Name, First Name Middle Name:
LAING, DAVID

Delivery Address:
[REDACTED]
LONE BUTTE BC V0K 1X3

Last Name, First Name Middle Name:
LAING, LAURA

Delivery Address:
[REDACTED]
LONE BUTTE BC V0K 1X3

Last Name, First Name Middle Name:
LOGAN, ELISHA

Delivery Address:
[REDACTED]
BOX 577
LAC LA HACHE BC V0K 1T0

Last Name, First Name Middle Name:
MATFIN, BARBARA

Delivery Address:
[REDACTED]
BOX 162
LONE BUTTE BC V0K 1X0



STATEMENT OF DIRECTORS AND REGISTERED OFFICE

BC Society • Societies Act

Last Name, First Name Middle Name:

WETZIG, MANDY

Delivery Address:

██████████
BOX 274
FOREST GROVE BC V0K 1M0