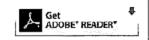
COMMUNITY PLACES

Adobe Reader 8.0+ is required to complete this application form.

If you are using an earlier version, you will not be able to save any information you enter into the form. Adobe Reader is a free download available at: http://www.adobe.com/products/acrobat/readstep2.html



+ Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.

1. Project Name						
Project name:		Has this facility and/or footprint previously received financial support from Northern Development under this program?				
Upgrade Seniors Park			Yes No			
2. Applicant Profile						
Applicant organization (legal name): Cariboo Elders Building and Recreational Society	Non-profit society registration number: (if applicable) S27056					
Mailing address:	Telephone: 250-395-3919					
Email:	Website (URL): www.creeksideseniorscentre.ca					
3. Primary Contact Information	I					
Primary contact (for this application): Elaine Saunders	Position/title: Project Co-Ordinator					
Email:	Primary Phone N	umber:	Secondary Phone Number:			

Northern Development Initiative Trust

301 – 1268 Fifth Avenue, Prince George, B.C. V2L 3L2

Tel: 250-561-2525 Fax: 250-561-2563

Email: linfo@northerndevelopment.bc.ca
Website: www.northerndevelopment.bc.ca



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4.	Project	Location	and	Reso	lution
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Appropriate jurisdiction the project is located within:	Name of the appropriate local government or First Nations Band providing the resolution of support:			
Municipality (city, town, village				
or regional district): If regional district, what electoral area:				
First Nation reserve:	Electoral area L			
Has the resolution of support been secu	red? ★ <i>Refer to the <u>Ap</u></i>	plication Guide for s	sample resolution word	ding.
Yes; attached to application	No; date reso	lution of support is	expected to be secure	d: 09/02/24
5. Project Timeline				
rote .			1	
Stage of project:			10° 12	ate (dd-mmm-yyyy):
Forecasted project start date			01/06/24	
Forecasted project completion date			07/30/24	
6. Project Overview				
Will the applicant own and operate the	asset?			
1		is not owned by the	annlicant please prov	vide evidence of control
	se agreement for five ye		applicant, please prov	nue evidence of control
Indicate the physical condition of the as	set before investment.	♦ Before photos re	auired.	
		323. 37.1		Varusand
N/A Very poor	Poor	Fair	Good	Very good
Enter a brief description of the project,		Plate Place of the state of the first of the state of		
The Seniors Park, used by seniors ar upgrading. The electrical service pan needs led lighting installed. The outd foot pole with two yard lights. The waplumbing into the wall, replacing sinks. The objective is to make the park a make the park and the p	el must be replaced to oor park area needs ashrooms need renoves and urinal, painting	o meet current ele ighting, which req ation including rep walls, floor and ex	ectrical codes. The cuires installing under lacing low profile toil terior door, and repla	rovered picnic area rground service to a 25 lets, moving exposed acing two outdoor lights.
			¢	

Please explain why your project is needed in your community.
The seniors park is a gathering place for recreation for the seniors in our community. The park is also a source of revenue to help pay operational costs of the seniors centre building (Creekside Seniors Centre) in the town of 100 Mile House. The installation of proper lighting in the park will allow for the safe use of the park 24 hours a day, for both our member seniors and the community organizations which rent the park on a weekend or weekly basis.
7. Strategic Factors
Fill out all that are applicable. The following strategic factors will be considered in the application assessment.
Does the project create space(s) that offer ancillary uses that will generate revenues for the applicant? If so, please explain The installation of proper lighting will enable the park to be rented to other community organizations on a 24 hour basis (weekends/weekly).
If any market research or a business case been completed, summarize the results: This must be demonstrated by attaching the relevant supporting document. n/a
Will the project foster cultural awareness and contributes to inclusivity? if so, please explain
Replacing of the low profile toilets in the washrooms to a higher profile ones will give our physically disabled seniors safer access.
Will this project enhance the physical appearance, character, or natural environment in the community? If so, please explain
Will the completion of the project will result in reduced operation, maintenance and related costs over the life-cycle of the asset? If so, please explain

COMMUNITY PLACES

What, if any systems, policies or practices are in place to ensure that funds to replace the asset at the end of its life will be available?					
This must be demonstrated by attaching the relevant supporting document (e.g. Asset Management Plan).					
If the project is aligned with the long-term plans/vision of the community, please explain how.					
This must be demonstrated by attaching the relevant supporting document (e.g. OCP)					
Describe any accessibility concerns the completion of this project will alleviate:					
Installlation of proper lighting will allow for safer access at night. The installation of higher profile toilets will allow for safe usage by seniors with physical limitations.					
Describe any health and safety concerns the completion of this project will alleviate: As described above.					
As described above.					
If the project will support resident/workforce attraction and retention, please explain how.					
How does the project result in the preservation/creation of an amenity that serves multiple uses?					
The renovation of the washrooms will serve to help preserve and lengthen their life.					

8. Project Budget, Funding Request, and Funding %

Eligible project budget (as per Project Budget Template):	Funding request (grant):	Requested funding %:
\$ 16,493.20	\$ 11,493	% 69.68
+ Applicants are required to use the <u>Project Budget Template</u> .	→ Maximum \$30,000.	+ Maximum 70%.

9. Other Funding Sources

Funding source: + Do not use acronyms.	Amount (\$):	Identify funding terms:	Identify funding confirmation:	
	\$	Applicant contribution	Approval letter attached Date approval expected:	
South Cariboo Community Enhancement Foundation	\$5,000.00	• Grant O Loan Other:	Approval letter attached Date approval expected: Feb 20, 2024	
	\$	Ofrant O Loan	O Approval letter attached O Date approval expected:	
	\$	○ Grant ○ Loan ○ Other:	O Approval letter attached O Date approval expected:	
	\$	O Grant O Loan Other:	O Approval letter attached O Date approval expected:	
	\$	○ Grant ○ Loan ○ Other:	O Approval letter attached O Date approval expected:	
TOTAL OTHER FUNDING:	\$5,000.00	TOTAL PROJECT FU (Northern Development +	**************************************	

Other:

Other:

Other:

10. Attachments Check all documents that are applicable and attached to this application: Document name: Detailed project budget using Northern Development's Project Budget Template (required; in excel format) Detailed quotes ✓ Funding approval confirmations (required prior to approval, except in the Northeast) Local government or band resolution of support (required prior to the regional advisory committee meeting) Society certificate of incorporation (required for not-for-profit applicants) 'Before' photo(s) Most recent annual financial statements Letters of support from community organizations Lease agreement/or user agreement Business case or other market research Asset management plan Community alignment document (OCP, council priorities, strategic plan, economic development plan etc.) Other: Other:

11. Authorization

I have read and understand the <u>Application Guide</u> and confirm that all the required information has been completed in this form, and required attachments are being submitted.							
✓ I understand that Northern Dev	I understand that Northern Development has the right to discard incomplete applications.						
I confirm that the information including plans and budgets, is	n in this application is accurate and confairly presented.	mplete, and that the project proposal,					
incurred by the Applicant in the	I agree to enter into an agreement with Northern Development prior to commencing the project. Project costs incurred by the Applicant in the absence of a signed agreement are at the sole risk of the Applicant and any such costs may be considered ineligible for reimbursement.						
I agree that once funding is app Development.	I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development.						
✓ I also agree to submit reporting	materials as required by Northern Develo	opment.					
I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.							
l agree to acknowledge funding by Northern Development, where applicable.							
I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.							
I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, and consultants.							
Name (organization signing authority): + Please type name. Position/title: Date:							
Elaine Saunders Project Manager/Director January 25, 2024							

12. Submitting Your Application

Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email to info@northerndevelopment.bc.ca.

→ Please submit this Application Form and all attachments in one email; do not scan this form.