

## CRD GRANT PROPOSAL REVIEW

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SECTION 1: APPLICANT AND GRANT INFORMATION				
CRD DEPT. Corporate Services		SERVICE NAME: CONTACT YOUR FINANCIAL ADVISOR TO ENGAGE THEM IN YOUR PROPOSAL. <b>Southern Gulf Islands Administration</b>		SERVICE NO.: <b>1.110</b>
WHAT SERVICE TYPE COULD BENEFIT? Regional	WHICH ELECTORAL AREA? SGI	IF THE PROJECT IS IN AN ELECTORAL AREA, LIST THE COMMUNITY(IES) THAT WILL BENEFIT. <b>Pender, Galiano, Saturna, Mayne</b>		
GRANT PROGRAM NAME <b>Active Transportation Planning Program</b>				APPLICATION DUE (MM/DD/YYYY) <b>10/30/2020</b>
PROPOSED PROJECT TITLE <b>SGI Active Transportation Mapping Initiative</b>			PROJECT TYPE Planning: Asset, Community, Governance, Infrastructure	
DESCRIBE THE OUTCOME OF THE PROJECT: <b>A community mapping exercise that engages each island community in a participatory process to map active transportation routes integrated with existing and proposed recreational trail systems and community destinations. Scope to include surveys, social media outreach, other digital media consultation (interactive mapping platform), interactive community maps in community halls, and, depending on Covid restrictions/considerations, live workshops or video meeting consultations. These documents will support concurrent work by a transportation consultancy to determine options for the potential establishment of an SGI Transportation Service. The mapping initiative would build on existing mapping proposals and focus on active transportation routes that supplement the Regional Parks' proposed spine trails for Mayne, Pender, Saturna and Galiano, as well as local trails managed by parks and recreation commissions and local trail societies.</b>				
SECTION 2: ALIGNMENT AND IMPACT – Is it a Good Fit for the CRD?				
Grants can provide timely additional resources to advance organizational goals. The pursuit of a grant opportunity must, however, be carefully reviewed to check for potential impacts that can have unexpected and unintended consequences. Some grants are straightforward; others are more complex. The questions below help sort everything out for well-informed action.				
ALIGNMENT WITH A CRD BOARD PRIORITY? Community Wellbeing - Housing & Transportation	ALIGNMENT WITH A CORPORATE PRIORITY? Not Applicable	ALIGNMENT WITH THE REGIONAL GROWTH STRATEGY? Increase transportation choice		
ALIGNMENT WITH THE SERVICE PLAN? Yes - for the current year	ALIGNMENT WITH THE CAPITAL PLAN? Not Applicable	ALIGNMENT WITH THE ASSET MANAGEMENT PLAN? Not Applicable		
IF THE PROJECT ALIGNS WITH A DEPARTMENTAL / DIVISIONAL STRATEGIC PLAN, PLEASE SPECIFY WHICH ONE: <b>Gulf Islands Regional Trails Management Plan; Regional Transportation Strategy; Regional Growth Strategy</b>				
THE TIME-RELATED QUESTIONS BELOW ARE SEEKING APPROXIMATIONS. FOR AN EXPLANATION OF CONTEXT/METHODOLOGY, <a href="#">CLICK HERE</a> .				
HOW MANY HOURS, <u>APPROXIMATELY</u> , WILL PREPARING THE GRANT APPLICATION TAKE? <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 71-90 <input type="checkbox"/> 91-110 <input type="checkbox"/> 111-130 <input type="checkbox"/> 131-170 <input type="checkbox"/> 171+		HOW MANY HOURS, <u>APPROXIMATELY</u> , WILL GRANT ADMINISTRATION TAKE IF AWARDED? <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 71-90 <input type="checkbox"/> 91-110 <input type="checkbox"/> 111-130 <input type="checkbox"/> 131-170 <input type="checkbox"/> 171+		
GRANT REQUEST: <b>\$ 10,000</b>	CRD COSTS: ELIGIBLE AND INELIGIBLE	TOTAL PROJECT COST (EST.) <b>\$ 10,000</b>	MAIN SOURCE OF CRD FUNDING SHARE Operating Budget	EVIDENCE OF SECURED FUNDS Yes-funding evidence is available now
WHAT IMPACT WILL THE APPLICATION EFFORT HAVE ON THE YOUR SERVICE'S WORKPLAN? 1-Low: Applying is not disruptive to the Service's workplan		WHAT IMPACT WOULD RECEIVING THIS GRANT HAVE ON YOUR SERVICE'S WORKPLAN? 1-Low: This grant is not disruptive to the Service's workplan		
IF APPLYING FOR THE GRANT HAS AN IMPACT RATING OF 2 OR 3, IDENTIFY YOUR SERVICE'S WORKPLAN ADJUSTMENTS NEEDED TO ACCOMMODATE THE GRANT APPLICATION EFFORT.				
IF BEING AWARDED THE GRANT HAS AN IMPACT RATING OF 2 OR 3, IDENTIFY YOUR SERVICE'S WORKPLAN ADJUSTMENTS NEEDED TO ACCOMMODATE PROJECT IMPLEMENTATION.				
WHAT TYPE OF OBLIGATIONS WOULD GETTING THE GRANT IMPOSE ON THE CRD:		1. TYPICAL-Executing/amending agreement, claims, project reports		
IF THE CRD OBLIGATIONS ARE TYPE 2, DESCRIBE ADJUSTMENTS TO THE SERVICE'S WORKPLAN OR ANY OTHER MEASURES NEEDED TO ACCOMMODATE THESE OBLIGATIONS.				
WHAT SPILLOVER BENEFITS, ABOVE AND BEYOND THE GRANT PROGRAM OBJECTIVES, COULD RESULT FROM THIS GRANT EFFORT? SEE <a href="#">INTANGIBLE BENEFIT EXPLANATION</a> <a href="#">HERE</a> .				
<input checked="" type="checkbox"/> INNOVATION	<input checked="" type="checkbox"/> PARTNERSHIP/COLLABORATION	<input checked="" type="checkbox"/> SUPPORT OF RURAL COMMUNITIES	<input type="checkbox"/> MITIGATION OF A SEVERE RISK	

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<b>SECTION 3: ASSET MANAGEMENT REVIEW: For projects that relate to new or renewed assets</b>		
This section is oriented to infrastructure assets and may not apply to a project relating to natural assets. To respond, type or choose 'Not applicable' as needed. Space is provided below for commentary related to natural assets and eco-system services.		
FOR WHAT YEAR IS THE ASSET IN THE CAPITAL PLAN?	DOES THE ASSET HAVE AN ASSET MANAGEMENT PLAN? Choices	WHAT IS THE ASSET'S REMAINING SERVICE LIFE?
WHAT IS THE ASSET'S CONDITION RATING? Choices	WHAT IS RISK OF ASSET FAILURE? Choices	
USE THIS SPACE, IF REQUIRED, TO ELABORATE ON ASSET MANAGEMENT CONSIDERATIONS YOU THINK NEED TO BE HIGHLIGHTED (E.G.: COMMENTS RELATING TO NATURAL ASSETS)		
<b>SECTION 4: THINK LIKE A FUNDER: What makes the project a great fit for the grant program?</b>		
DESCRIBE FEATURES OF THE PROPOSED PROJECT THAT MAKE IT A GREAT FIT TO ACHIEVE THE GRANT PROGRAM'S OBJECTIVES AND EVALUATION CRITERIA. The SGI Active Transportation Mapping Initiative will meet UBCM's Active Transportation Planning program objectives by: <ul style="list-style-type: none"><li>-enhancing the active transportation components of upcoming SGI Transportation Service planning documents</li><li>-identifying active transportation policy considerations, objectives and actions for inclusion in our transportation planning</li><li>-engaging with the public and/or stakeholders</li><li>-creating maps of current and desired active transportation trails and networks</li><li>-considering how active transportation networks can facilitate movement between community amenities and improve accessibility to community spaces</li><li>-considering how integrated transportation networks can reduce greenhouse gas emissions in our region</li></ul>		
<b>SECTION 5: ATTESTATION AND APPROVALS</b>		
In this section, the Project Lead attests to the accuracy of the information submitted in this form and forwards it for review and approval according to Departmental practices. The form makes room to customize approval processes to suit Divisional / Departmental needs. Completed forms are sent to the CRD Corporate Asset and Grant Management Analyst.		
<b>PROJECT LEAD ATTESTATION</b>		
<input checked="" type="checkbox"/> I CERTIFY THAT THIS PROPOSAL PROVIDES A TRUTHFUL AND ACCURATE REPRESENTATION OF THE PROJECT;		
<input checked="" type="checkbox"/> I HAVE REVIEWED THE GRANT PROGRAM GUIDE CAREFULLY AND ATTEST THAT AN APPLICATION FOR THIS PROJECT CAN MEET ALL THE GRANT PROGRAM REQUIREMENTS;		
<input checked="" type="checkbox"/> I ATTEST THAT THE SERVICE CAN AMEND ITS WORKPLAN TO ALLOCATE THE RESOURCES NEEDED FOR OUTCOME ACHIEVEMENT WITHIN THE PROGRAM TIMELINE;		
<input checked="" type="checkbox"/> I HAVE IDENTIFIED, IN CONSULTATION WITH MY MANAGER, ALL IMPACTS /OBLIGATIONS ENABLING SENIOR MANAGEMENT'S INFORMED CONSIDERATION OF THIS PROPOSAL.		
NAME Justine Starke	TITLE Manager, SGI Service Delivery	DATE (MM/DD/YYYY) 09/22/2020
<b>MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT</b>		
NAME	TITLE	DATE (MM/DD/YYYY)
<b>SENIOR MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT</b>		
NAME	TITLE	DATE (MM/DD/YYYY)
<b>GENERAL MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT</b>		
NAME Kristen Monahan	TITLE GM. CORP. SERVICES	DATE (MM/DD/YYYY) 09/25/2020
THANK YOU FOR YOUR TIME AND THOUGHTFUL ATTENTION TO THIS ASSESSMENT PROCESS.		
ONCE THE REQUIRED APPROVALS FOR THIS PROPOSAL ARE SECURED, THE PROJECT LEAD SENDS THE APPLICATION TO CRD Corporate Asset and Grant Management Analyst.		