**APPLICATION WORKSHEET**

**SMALL COMMUNITY WILDFIRE READINESS SUPPORT GRANTS**

This worksheet is an optional tool for preparing your Small Community Wildfire Readiness Support Grant application and/or collaborating with others involved in your project. Please apply using the online application form. If applying online is not an option for you, please contact Trust staff to arrange to submit a paper application.

All the questions you will be asked to complete on the online application form are below. Keep your entries precise and clear. It is important to note that space in some sections is limited, and the maximum word allotment is identified in the sections.

APPLICANT INFORMATION

Organization Information

Organization Legal Name

BC Registry Incorporation/Registration or Business Number (if applicable)

Organization Mailing Address

City Province Postal Code

Signing Authority Contact Information

Signing Authority Name

Phone

Email

* Check if Signing Authority information is the same as Project Contact information.

Primary Contact Information

Project Contact Name

Phone

Email

**Organization Mandate (120 words)**

**Describe the fire department's activities, including the wildfire prevention and protection services offered. (100 words max.)**

PROJECT DETAILS

Project Title (Limit of five words)

Project Location

Identify the geographical locations of the project. When clicking in the box, hold down the [CTRL] key on a PC or the command button on a Mac to select more than one.

Estimated Start Date

Estimated End Date

Are you applying on behalf of a legally incorporated society-run fire department or brigade (Society).

Y or N

*Note: Legally incorporated society-run fire departments and brigades must:*

* *be in good standing with BC Registry Services and have been incorporated for a minimum of two years;*
* *have a primary organizational mandate that aligns with wildland fire response and related activities (e.g. emergency preparedness);*
* *demonstrate established working relationships with the regional district and BC Wildfire Service, as well as registration with the Office of the Fire Commissioner as applicable; and*
* *maintain appropriate insurance coverage commensurate with the nature and risk of wildfire prevention and protection activities undertaken.*

*Note: Societies must provide proof of appropriate insurance coverage (for example, commercial general liability insurance, director liability insurance, as well as proof of vehicle and wildland trailer insurance) as attachments to this application.*

If yes:

How many years has the Society provided wildfire prevention and protection services?

Describe the Society’s working relationship with the regional district and BC Wildfire Service.

Is the Society registered with the Office of the Fire Commissioner? (Y/N)

What level of fire response service does the Society provide? What are the required training standards (be specific).

What wildfire training has the crew already obtained? Please state the number of crew members as well as training received, including reference to the accredited course numbers if known (e.g. S100/185))?

What required training is outstanding? Please state the number of crew members with outstanding training, including reference to the accredited course numbers if known.

**What is your project? What will the project do?** (220 words)

**How will your project support long-term capacity to respond to wildfires and/or reduce wildfire risk in your community?** (150 words)

**How was the community benefiting from this project involved in identifying priorities and plans related to wildfire prevention and protection? How will this project address these priorities/plans.** (200 words)

**Describe any partnerships that will support the project.** (100 words)

**Who will be involved in implementing the project?** (150 words)

**Describe how your project relates to your community’s or Regional District’s Emergency Response Plan. (**150 words)

**Does your project include purchasing equipment?**

Yes or No

**If yes:**

* Where will the equipment be stored?
* Who will operate the equipment?
* Who will maintain the equipment?
* Are there any special licences or insurance required to operate the equipment? If so, who will obtain this licence / insurance?

**Are you planning on making capital purchases or improvements for the secure storage of wildfire prevention and protection equipment?**

Yes or No

If Yes

**Describe what the purchase or improvement is and how it will help secure the storage of the equipment.**

**Are you purchasing equipment with the goal of completing a FireSmart™ Structure Protection Trailer?**

* Yes
* No
* Not sure yet

**Have you applied/are you applying to the** [**Community Resiliency Investment - FireSmart™ Community Funding & Supports**](https://www.ubcm.ca/cri/firesmart-community-funding-supports)**, the** [**Community Emergency Preparedness Fund**](https://www.ubcm.ca/cepf/volunteer-composite-fire-department-training-equipment)**,** [**Fighting and Managing Wildfires in a Changing Climate Program**](https://natural-resources.canada.ca/our-natural-resources/forests/wildland-fires-insects-disturbances/fighting-and-managing-wildfires-changing-climate-program-training-fund/fighting-and-managing-wildfires-changing-climate-program)**, or** [**First Nations’ Emergency Services Society**](https://www.fness.bc.ca/) **(within the last year) for any activities that are also included in this application?**

* Yes
* No

If Yes

**Select which ones and briefly describe the activities for which you have requested/received funding through other programs (Drop-down, multiple answers; max. 50 words per answer).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Activities for which you have requested funding** | **Funding Amount** | **Funding Status (Applied for, Confirmed)** |
| Community Resiliency Investment – FireSmart™ Community Funding & Supports (CRI) |  |  |  |
| Community Emergency Preparedness Fund (UBCM) |  |  |  |
| First Nations’ Emergency Services Society (FNESS) |  |  |  |
| Fighting and Managing Wildfires in a Changing Climate Program: Training fund |  |  |  |

**How will the project be evaluated and how will you know if it has been successful?** (150 words)

WORK PLAN

Provide brief descriptions of your proposed project activities along with timelines for each.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Overseen by | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PROJECT CASH BUDGET

List specific budget items under each heading to identify your expenses that you require cash for. Round up values to the nearest dollar.

The Trust strongly encourages applicants to attach quotes for all requested costs as applicable.

**Equipment Purchases**

|  |  |
| --- | --- |
| Cash Budget Item | Total Amount Required |
|  |  |
|  |  |

Please include associated quotes if possible.

**Accredited Training (Include number of participants and cost per participant)**

|  |  |
| --- | --- |
| Cash Budget Item | Total Amount Required |
|  |  |
|  |  |

Eligible Applicants may apply for up to $2,000 per person for up to four crew members to attend the FireSmart BC Wildfire Resiliency and Training Summit 2026 attendance.

**Planning/Assessments**

|  |  |
| --- | --- |
| Cash Budget Item | Total Amount Required |
|  |  |
|  |  |

CASH REVENUE SOURCES

Who else is contributing cash to the project?

|  |  |  |
| --- | --- | --- |
| **Source Name** | **Confirmed (Y/N)** | **Amount** |
| Columbia Basin Trust | N | $ |
|  |  |  |
|  |  |  |
|  |  |  |

The Amount requested from the Trust will auto fill based on the Expenses entered above. You can edit this field if you are requesting a different amount.

IN-KIND SOURCES & CONTRIBUTIONS

What contributions are being made to the project other than cash? (200 words)

SUPPORTING DOCUMENTS

Are you providing additional material that provides further evidence to support your project idea? List what you are submitting below.

(Example of Supporting Documents include letters of support, outcomes of community engagement, report executive summaries, quotes, approvals, maps, design drawings for capital improvements, etc.)?

Legally incorporated society-run fire departments and brigadesmust provide proof of appropriate insurance supporting the application.

**You may upload up to six supporting documents.**

* Before uploading your supporting document, ensure the file name is clear and identifies the content.
* File size may not exceed 3MB per document, and a total of 10 MB for all uploads.

1.

2.

3.

4.

5.

6.

ADDITIONAL INFORMATION

Is there anything else you would like to add that has not already been mentioned? (220 words)

FINAL STEPS

What is the main, and first way you heard about this program? [you may choose one]

* Direct from Trust staff
* Trust Website
* Email from the Trust
* Our Trust monthly eNewsletter
* Advertisement
* Social Media
* Word of mouth
* Other [blank text entry]

Would you like to receive email correspondence from the Trust?

* Yes [enter email address]
* No

Does your organization have social media accounts? *Share your account names and* *we can connect.*

* Facebook:
* Twitter:
* Instagram:
* Linked in:

How do you like to receive news and hear updates from the Trust? [choose as many as applicable]

* Direct from Trust staff
* Our Trust Monthly eNewsletter
* Trust Website
* Email from the Trust
* Social Media [blank box to enter preferred platform]
* Advertisement
* Other [blank entry field]

DECLARATION

1. I am authorized to submit this application on behalf of the organization that is applying.
2. The information I have provided in this application is true, accurate and complete in every way.
3. Columbia Basin Trust—and the people and organizations that represent it—has the right to approve or decline any application.
4. Columbia Basin Trust may reveal details about this application—including my name, the applying organization’s name and location, and the amount and type of funding—to the public, individuals or anyone else, as allowed by the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.
5. Personal information requested that may be in this application is collected under authority of section 26(c) of the Act and will be used for administrative and evaluative purposes related to the program. Any privacy questions may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 1.800.505.8998, privacy@outrust.org.

I have read and agree to the declaration above. \*

I Agree

Date

Applicant Name

Applicant Title