# #20.07.g Nikkei Seniors Health Care & Housing Society

# **A. GETTING STARTED** 1. Are you? New Applicant Returning Applicant 2. Select the kind of Community Grant you are applying for: General Grant (Operating) General Grant (Programming) Fee Waiver Recreational Sport Grant 3. Amount you are requesting: In-Kind (check if applicable) 4. Total cost of the project/event/program etc.: \$158,407.00 5. If you are a returning applicant and are requesting an increase over your last year grant amount awarded, please provide a rational for the increase. 6. If you are applying for a General Operating Grant, please describe how this grant will be used to offset costs incurred to operate the organization. B. GETTING TO KNOW YOU 1. Applicant Type: Society No: S-11854 Date of Incorporation: 1975-09-16 Registered Charity Charitable No: 118972975RR0001 National/International Non-profit operating locally Society No: Date of Incorporation: Sport or Recreation Organization Other Specify: 2. Organization Name: Nikkei Seniors Health Care & Housing Society 3. Organization Street Address: 6680 Southoaks Crescent, Burnaby BC, V5E 4N3 4. Website (if applicable): www.seniors.nikkeiplace.org 5. Grant Application Main Contact Person: Name: Cathy Makihara Phone: 604-777-5000 ext 2003 Email: cmakihara@nikkeiplace.org 6. Alternative Contact person:

Name:
Phone:
Email:

**Ruth Coles** 

Applicant for General Operating Grants are not required to complete sections C, D, and E (marked with an asterisk \*)

# C. THE PROJECT/EVENT/PROGRAM\*

1. Name of the Project/Event/Program: Golf to Beat the Odds of Dementia

2. Project/Event/Program Location (physical street address or event location):

Riverway Golf Course, 9001 Bill Fox Way, Burnaby

3. Project/Event/Program Start Date: 2020-05-29

4. Project/Event/Program End Date: 2020-05-29

## D. PURPOSE OR BENEFIT\*

1. Describe the purpose or goal of the project/event/program.

The funds raised is for dementia friendly programs and outreach activities in Burnaby and is open to all members of the community.

2. Describe the project/event/program, and the activities.

This is an annual charity golf tournament and fundraising dinner, including a silent auction, raffle and 50-50 draw.

3. Describe how this project/event/program will benefit residents of Burnaby (who will benefit). How many Burnaby residents will be involved with or benefit from the project?

Residents of Burnaby living with age related conditions such as dementia and Parkinsons, people who are socially isolated due to physical abilities or language barriers from the funds raised from this event. Approximately 200 Burnaby residents will benefit from the programs.

4. Describe how the project/event/program aligns with one or more of the following (Official Community Plan, Social Sustainability Strategy, Economic Development Strategy, Environmental Sustainability Strategy,):

Aligns with the social sustainability strategy - Caring, Inclusive, Vibrant, Safe, and celebration of diversity.

5. Identify your community partners or stakeholders – you may also include letters of support for your project/event/program from these groups as part of the application.

Parc Mulberry, City of Burnaby, Burnaby Neighbourhood House, Nikka Health Care Society, Global TV, What's On Burnaby, Greater Vancouver JCCA, National Nikkei Museum and Cultural Centre, Nikkei Place Foundation, Steveston Japanese Canadian Cultural Centre

6. If the amount requested from the City of Burnaby is not fully granted, what would you do to make up the difference and/ or how would you proceed differently?

We would have to seek out new sponsors or donors to make up the difference.

## **E. EVENT OUTCOMES\***

1. How will you know if your project/event/program reached its goals? (for example, a goal of engaging youth in environmental activities might include reaching a set target of youth participants)

Maintaining and gradually increase the existing number of programs and participants; measuring attendance and feedback from participants or their caregivers.

2. What data and feedback do you collect from your audience/participants? How do you evaluate your programs and services?

We look at our attendance numbers and seek feedback from participants. we evaluate every few months and adjust as necessary.

## F. LONG TERM VIABILITY\*\*

**ATTENTION:** The grant program is intended to support new organizations and encourage organizational self-sufficiency, while creating a framework of financial sustainability rather than using City resources as an indefinite funding source. It is requested that your organization develop a diverse funding income base and seek alternative methods for self-sufficiency to ensure your organization's long-term operational sustainability.

1. What are your sources of revenue? What percentage of total revenue do they each represent?

Source of Revenue	% of Total Revenue Previous Year	% of Total Revenue Current Year
Earned Revenue (All ticket sales, registration fees, memberships, etc)	30	22
Grants (All federal, provincial, municipal, foundation and gaming grants)	0	0
Donations and Sponsorships (Cash)	59	51
Donations and Sponsorships (In-kind)	11	10
All donations (cash/in-kind) provided by the City of Burnaby	0	17

2. What other sources of funding are you currently pursuing? Does the organization have a plan for diversification and increase of revenue over the longer term? If yes, please provide a copy of the plan or describe the primary objectives and strategies.

The society is continuing to expand donors and sponsors. It has an endowment fund, it holds small special events to raise funds, and wherever possible there is a user fee for those who can afford the activities.

3. Please identify the cash value (\$) of all City of Burnaby contributions your organization/program/event has received from the City of Burnaby over the past three (3) years. Additionally, please indicate any other City of Burnaby grant opportunities you will be pursuing in the current year. Failure to identify City of Burnaby contributions may affect your eligibility for grants in the present year and in the future.

	3 years ago	2 years ago	1 year ago	Current Year	
				Awarded	Requested
Grant - Cash	\$0.00	\$0.00	\$0.00	\$0.00	
Grant - In-kind	\$0.00	\$0.00	\$0.00	\$0.00	
Permissive Tax Exemption	\$0.00	\$0.00	\$0.00	\$0.00	
Lease Grant	\$0.00	\$0.00	\$0.00	\$0.00	ı
Other	\$0.00	\$0.00	\$25000.00		\$25000.00

4. Describe the top 3 goals for the organization in the current year.

### Goal 1:

Maintaining and expanding our exercise programs

# Description:

Grow our exercise and wellness programs, Outfight Parkinson, Womens Boxing, Cooking Together and Iki Iki

#### Goal 2

Maintain and improve the quality of the dementia friendly programs

## Description:

increasing the number of weekly classes, adding new innovative programs to help slow the progress of age related conditions effecting the seniors in our community.

### Goal 3:

Increase and expand the numbers of volunteers to keep up with the expansion of our dementia friendly day programs.

## Description:

Create a diverse range of meaningful and fulfilling volunteer opportunities

### 5. Please complete the following:

	Previous Year	Current Year
Number of volunteers (including Board)	110	135
Volunteer hours per year	5,800	6,025
Number of voting members	30	30

6. How does your organization work to ensure that programs and services are accessible and inclusive for anyone who has an interest regardless of age, ability, orientation, ethnic/cultural background, socio-economic status? Please share examples and success stories of inclusivity and diversity within your organization and programming. (750 Characters Max)

We provide inclusive activity programs that are open to anyone regardless of cultural background, ethnicity or language or economic situation. our programs are priced with a fixed income senior in mind, as that is the majority of our residents and program participants.

# **G. INSURANCE AND ACKNOWLEDGEMENT**

1. Does your organization have general liability insurance?	⊠ Yes	☐ No
2. If yes, what coverage?		
Property insurance (business interruption, rental income); Bo Administrators Liability insurance including directors liability,		
If awarded a grant, how will your organization acknowledg (maximum 500 characters)	e the contribution f	rom the City of Burnaby?
We acknowledge all of our partners in our printed materials, usually in our president's speech to our golfers and dinner guparticipate in our tournament.		

# H. OPERATING BUDGET FOR ORGANIZATION or PROJECT/EVENT/PROGRAM\*\*

Please identify if you are providing information for the entire organization or a specific project/event/ program	( / Organization
	Project/Event/Program
For the Fiscal Year:	2020
Month Fiscal Year Begins:	April 2020 ,

REVENUES	Prior Year Actual	Current Year Budget	Current Year Confirmed? Y/N	Brief Descriptions/ Comments (type of grant and funding period)
Federal Government (Specify)				
1.				
2.				
3.				
Provincial Government (Specify)				
1.				
2.		,		
3				
Local Government (Specify)				
1.				
2.				
3.		,		
Sponsorships (Specify)				
1.				
2.				
3.				
Earned Revenue	-			
1.Fees	51092	52160		
2.				
3.	İ			
Fundraising (Net Revenue)	53000	60000		
Individual Donations	53000	56000		
In Kind Sources				
Investment Income				
Other Sources (Specify)				
1.				
2.				
3.				
Total Revenue	15 <b>7</b> 092	168160		

Expenditures	Prior Year Actual	Current Year Budget	Brief Descriptions/ Comments (type of grant and funding period)
Total Compensation Expense	83355	88377	Staff wages for Outreach Program and activities
Office Supplies & Expenses	7200	7200	
Program & Event Supplies	62842	62830	materials for programs and activities
Advertising & Promotion			
Travel & Vehicles Expenses			
Interest and Bank Charges			
Licences, Memberships, & Dues		the contact of the co	
Occupancy Costs			
Professional & Consulting Fees			
Capital Purchases & Improvements			
Amortization of Capitalized Assets			
Donation, Grants, & Scholarship Expense as part of Charitable Activities			
Education and Training for Staff & Volunteers	3000	3000	volunteer acknowledgment and training
City Services Expenses (Specify)			
1.			
2.			
3.			
Other Expenses (Specify)			
1.			
2.			
3.			
4.			
5.			
Total Expenditures	156397	161407	
CURRENT SURPLUS (DEFICIT)	-156397	-161407	