For internal use only.
Date: _____

Stark Family Fund
Part 2: Full Application

The Stark Family Fund

Community Foundation for Kingston & Area

Organization _____ **Project** _____
Contact Name _____ **Phone Number** _____
Application Number_____

A. About your Project

If you have questions, please contact our Grants Coordinator by email at grants@cfka.org or by phone at 613.546.9696.

BE SURE TO ANSWER ALL THE QUESTIONS.
Late or incomplete applications will not be accepted.

1. Budget Information

Please fill in the chart below with the budget lines as completed in your submitted Letter of Intent.

a. Has the budget been revised from what was submitted with your Letter of Intent?

☐ Yes ☐ No

If yes, you must **attach your revised budget** and fill in the last column on the summary below to indicate which item has changed.

Summary from Budget Template **Note: These numbers must match the corresponding field in your submitted budget**		**(only complete this column if changes have been made from your LOI)**
	Letter of Intent	New
a. Total Project Costs	$	
b. Approved Other Grants	$	
c. Pending Other Grants	$	
d. Estimated HST Rebate	$	
e. In-Kind Other Services	$	
f. Requested from CFKA	$	
g. Percentage of Total Costs Requested from CFKA	%	

Note: Amount requested from CFKA cannot increase.

2. How have you identified a need for this project?

3. What is your evaluation plan to measure whether you achieved your objective(s)?

4. What will you do that is different from or better than existing projects? How will you build on existing projects or services?

6. Work Plan

Project Personnel who will carry out the work in this project (please check all that apply)

☐ Regular staff ☐ Contracted project staff

☐ Volunteers ☐ Other e.g. partnerships, internships

If you checked “other”, please explain:

Estimated number of volunteer hours _____
Estimated total hours of personnel time (all categories excluding volunteers)
_____

6. List any partnerships you have for this project

7. Funding Availability

a. Will you proceed with your project if only partial funding is available?

☐ Yes ☐ No

b. If only partial funding is available, what are your spending priorities? Please list in point form.

8. Future of Your Project

a. Do you expect that your project will become an ongoing activity or program at the conclusion of the project?

☐ Yes ☐ No

b. If you answered yes to question #8a, how do you anticipate sustaining an ongoing program?

9. If you receive this grant, how will you publicly recognize the Stark Family Fund, CFKA and the impact of the grant?

10. Is there anything else you would like to tell us about your proposed project?

B. Press Summary

Please summarize your project for use in media or publications **(must be 50-75 words only).** Words over 75 will be excluded from your summary.

C. Feedback

(Optional) Feedback: Do you have any suggestions for how to improve our forms or the application process?

E. Authorization

Charitable Organizations:
To be approved by two officers **with signing authority** from your organization, indicating awareness of and support for this application and proposed project budget.

Non-Charitable Organizations:
To be approved by one member from your organization with **signing authority** AND one **signing authority of the Qualified Donee** supporting your application indicating awareness of and support for this application and proposed project budget.

Signature: _____ Name: _____ Position: _____
* I have the authority to bind the organization

Signature: _____ Name: _____ Position: _____
Organization (if other than applicant) _____
* I have the authority to bind the organization

Checklist

We Have:

- ☐ Answered all questions and did not leave any blanks: put "no" or "not applicable" or "zero" instead of leaving an empty space.
- ☐ Attached a copy of our revised Proposed Project Budget (if applicable). Note that the amount requested from CFKA cannot increase.
- ☐ Attached Financial Statements for the most recent completed fiscal year **to all six copies.**
- ☐ Made sure all six copies of the Application have been signed as required.
- ☐ Answered, on a separate sheet, any questions asked by committee in our invitation letter.

Signature: _____ Date: _____

Deadline: 4:30pm, Tuesday February 28th, 2017

Please prepare one original, signed copy and five exact photocopies with signatures and submit in hard copy to our office:

Community Foundation for Kingston & Area
165 Ontario Street, Suite #6
Kingston, ON K7L 2Y6

OR (new this year), submit this completed form and all necessary attachments via e-mail to grants@cfka.org. Ensure that you receive a confirmation e-mail indicating we have received your application by the deadline.

Double-sided printing is permitted and encouraged.
Do not attach cover letters, title pages or similar additions.

Thank you for your Application.