Community Grant

**For internal use only.** Date: App#

**Application Form**

For instructions on completing this form, please refer to the Guidelines.

**A. About your Organization**

Organization Name: Mailing Address:

City: Phone: Year Established:

Your organization’s mandate/mission

Ontario, Canada Postal Code: Website:

Please describe how your organization has a strong presence in our geographic area

*(through a local board, local committee, or an active local office/branch)*

Please indicate which one of the following applies:

☐

Our organization is a charity registered with Canada Revenue Agency or a municipality

Registration Number:

## OR

We have formally partnered with a registered charity or municipality to deliver this project (Note: you must attach a signed *Confirmation of Partnership Agreement form*)

☐

Name of Charity/Municipality: Contact at Charity/Municipality: Phone: Registration Number of Charity: E-mail:

**B. Contact Person for this Grant**

Name: Phone: ext:

Title: Email:

**C1**. Project Title:

**C. About your Project**

Start Date:

Note that projects can not start before grants approved and must finish within one year of receiving grant.

 Event Date (if applicable):

End Date: \_

|  |
| --- |
| C2.Summary from Budget Template |
| Note: These numbers must match the corresponding field in your budget | $ |
| a. Total Project Expenses | $ |
| b. Total Grants Approved/Confirmed | $ |
| c. Total Revenue Sources | $ |
| d. Total Project Revenue | $ |
| e. Amount Requested from CFKA | $ |
| f. Percentage of Total Project Costs Requested From CFKA | % |

**C3.** Geographic Area(s) served by this project (select all that apply):

☐

☐

☐

☐

City of Kingston North Frontenac

☐

☐

☐

☐

South Frontenac Loyalist Township

Central Frontenac Frontenac Islands

Cataraqui River Watershed (*eligible for environmental projects only*) Lennox & Addington (*eligible for children’s mental health projects only*)

**C4.** Main Field of Interest (select the **one** that best applies):

* Arts & Culture ☐ Health & Social Services

* Children’s Mental Health ☐ Heritage Preservation
* Community Development ☐ Recreation

* Education & Literacy ☐ Youth
* Environment

**C5. *Smart & Caring* Community priorities**: Projects that also align with our current *Smart & Caring* priorities will be given special consideration when CFKA allocates funds.

Does your project align with one of our *Smart & Caring* priorities? ☐ Yes ☐ No

 If so, which one?

☐

☐

☐

Getting Started

Food Security

Community Engagement

**D.**

**Project Overview**

**D1**. Is your project a(n):

* Pilot project

* Expansion of an existing project or program to a new demographic
* Addition of a new feature to an existing project or program

* Enhancement of your organization’s capacity (e.g. purchase of equipment or supplies, training)

Existing program delivered to new individuals (but same demographic)

☐

**D2**. Describe your project, including the main objective(s) of your project, in point form (200 word limit):

**D3.** a. What **local** need/interest does this project address?

b. How did you assess this **local** need/interest?

## D4. Anticipated Benefits

|  |  |
| --- | --- |
| 1. How many persons in total will directly benefit through active participation in this project?
 |  |
| 1. Of this number, how many are youth under 18?
 |  |
| 1. How many persons in total will indirectly benefit from this project (e.g. audience)?
 |  |
| 1. Of this number, how many are youth under 18?
 |  |

**D5.** How do you plan to reach your intended clients or audience?

**E. Workplan**

**E1.** List the sequence of project activities in point form. Where possible include milestone dates.

**Recall that all activities using CFKA funds must start after grant approval and within one year.**

**E2. Personne**l:

|  |  |
| --- | --- |
| 1. Estimated number of volunteer hours
 |  |
| 1. Estimated total hours of regular staff time
 |  |
| 1. Estimated hours of contract staff time
 |  |

**E3.** List partnerships you have formed to carry out this project and/or organizations you have consulted in your planning.

**E4.** Why are you confident that your organization has the capacity to carry out this project?

*(e.g. financial & human resources, expertise)*

**F1.** What will the changes or benefits of a successful project look like?

**F.**

**Evaluation**

**F2.** What is your evaluation plan to measure whether you achieved your objective(s)?

**G. Funding**

## You are required to attach a completed CFKA budget template to this application.

**G1.** What will CFKA funds be used for? Please be specific, e.g. to pay for project coordinator, supplies, hall rental etc. Include partial allocations, eg.50% of supplies.

**G2.** Will you proceed with your project if only partial funding is available?

* + Yes ☐ No

**G3.** If only partial funding is available, what are your spending priorities? Please list in point form in descending order of priority.

**G4.** Future of Your Project

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

* Yes ☐ No

**G5.** If you answered yes to question G4, how do you anticipate sustaining an ongoing program?

**H. More Information**

**H1.** Please tell us what excites you about this project.

**H2.** Are there more details you would like us to know about in evaluating your proposal?

(You are also invited to attach up to a maximum of 2 pages of additional materials that would help us appreciate your project. e.g. testimonials, photos, survey results.)

**I1.** Media summary:

**I.**

**Sharing**

Please summarize your project and its anticipated impact to share publicly, e.g. press release, newsletters, other places. **(This must be 50-75 words - any additional words will be excluded!)**

**I2.** If you receive this grant, how will you publicly recognize CFKA and the impact of the grant?

**J. Authorization**

**Authorization: To be approved by two officers with signing authority from your organization indicating awareness of and support for this Application & Budget.** (Note: if your organization is *not* a charitable organization you MUST also complete and attach a signed *Confirmation of Partnership Agreement form* AND a list of your local board or committee members.)

Name: \* Title:

Signature: Date:

\*I have the authority to bind the organization

Name: \* Title:

Signature: Date:

* I have the authority to bind the organization

**K. Checklist for Application**

# Checklist

**Please check off the following to confirm you have:**

* + Read the Eligibility Criteria as listed on CFKA website
	+ Read and followed the Guidelines on CFKA website
	+ 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 the Proposed Project Budget using the CFKA template provided
	+ Double checked all budget figures for accuracy and ensured that expenses and revenue balance
	+ Made sure all five copies of the application have been signed (photocopied signature is okay)
	+ Made sure you have also submitted your application and all supporting documents to grants@cfka.org, preferably as **ONE PDF file** (financial statements may be separate)
	+ Made sure all final reports and actual project budgets for all completed CFKA projects have been submitted (if applicable), understanding that overdue final reports will result in the application being ineligible
	+ Understood that the project cannot start before board approval, which is approximately 10 weeks after the application deadline (e.g. early May or early December)
	+ Attached financial statements of the applying organization for the last completed fiscal year

**If applicable** to your project, confirm you have also:

* + Attached a maximum of two pages of additional materials
	+ Attached a letter from the school board (NOT a teacher or principal) for any project involving students during school time
	+ Attached at least two quotes from vendors/suppliers for individual purchases over $500

***If using a partner charity or municipality****, confirm you have:*

* + Completed and attached the Confirmation of Partnership Agreement form
	+ Attached a list of your local board or committee members

I verify that I have read and agree with the above, have followed all instructions and have included all applicable documents**. I understand that failure to submit according to these criteria will render my application ineligible.**

Name of Grant Contact: Title:

Signature: Date:

# Deadline: 4:30pm, September 16, 2019

Please submit your application in **BOTH** of the following ways:

## One original, signed copy and four exact photocopies

and submit in **hard copy** to our office: **Community Foundation for Kingston & Area**

**275 Ontario Street, Suite #100 Kingston, ON K7K 2X5**

Please use double-sided printing when possible.

Do not include cover letters, title pages or similar additions.

## NEW: Only one hard copy of the financial statements is necessary

1. An electronic copy of the application and all supporting documentation preferably as

**one PDF file** by the deadline to grants@cfka.org.

(if necessary, it is acceptable to include your financial statements and budget as a separate file)

## Thank you for your application.

We will be in touch about 10 weeks after the deadline to advise if you are successful in receiving a grant. Late or incomplete applications will be disqualified.

## There will be no exceptions to this policy.

**G. Please Help Us Improve Our Grant Process**

Please provide any feedback you have on this form or the application process:

* Please check here if you would like to be added to our mailing list for newsletters, events information, grants calls for proposals and other updates.

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