

## ABOUT THE COMMUNITY FOUNDATION'S GRANT PROGRAM

### ELIGIBILITY GUIDELINES

***To be eligible to apply for a grant from the Community Foundation, the applicant must:***

- Be registered as a charity with Canada Revenue Agency (CRA), or sponsored by same
- Be a registered charity for at least one (1) year AND have filed at least one (1) T3010 with CRA, or be sponsored by same
- Provide services for or within Perth County, Stratford and/or St. Marys
- Provide services without discrimination

***Projects not eligible for grants from the Community Foundation include:***

- Programs that have direct religious or political activity
- Programs that are mandated by another funder
- Expenses incurred prior to awarding the grant
- Deficit reduction, debt retirement, reserves, mortgage pay-down
- Endowment and fundraising campaigns
- Core operating costs
- Individuals
  - *For clarification, please call the SPCF office at 519-271-1503*

***The Community Foundation is looking for projects that:***

- Address existing and emerging community needs, opportunities and demonstrate innovation
- Strengthen the applicant's and the community's capacity
- Have additional funding partners and/or developed strong collaborative relationships
- Improve organizational effectiveness
- Demonstrate fiscal responsibility and sustainability
- Receive volunteer support from the community
- Build on the community's strengths, assets, skills and resources
- Develop leadership and self-reliance, mobilize civic participation and resources
- Do not duplicate programs offered
- Note: *Multi-year projects may be considered*
- Note: *Projects may address one or more of the above*

### GRANT APPLICATION DEADLINE

**Tuesday, February 28, 2017 -- 3:00PM**

*\*Grants selected will be awarded at the 3<sup>rd</sup> Annual Community Impact Celebration in June 2016*

**SUBMIT APPLICATION TO: [amanda@spccf.ca](mailto:amanda@spccf.ca)**

**One (1) electronic copy and one (1) hard copy of the completed application MUST be received at the Community Foundation office by the application deadline.**

**FACSIMILE, LATE OR INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED.**

## COMMUNITY FOUNDATION ACKNOWLEDGEMENT

***If your project is chosen, you agree to acknowledge the Community Foundation as follows:***

- By displaying the recognition certificate in a prominent place on your premises
- By placing the Community Foundation's name and logo on your website, Annual Report, and any materials as communicated in your application.
- By acknowledging the specific Named Fund and the Community Foundation on any materials referring to or resulting from your project. Using the words: *Supported by a grant from the XXXX Fund, held within the Stratford Perth Community Foundation.*
- By sending out a press release on your project to local media, mentioning the Community Foundation as a Funder.
- By providing the Community Foundation with organizational and client benefit testimonials with respect to the project.
- By providing the Community Foundation with pictures of your project accompanied by a signed photo release.

**Logo Approval: The Community Foundation logo must be approved prior to use on any and all collateral materials acknowledging The Community Foundation and associated Named Funds.**

## APPLICATION CHECK LIST

**Please ensure the following have been confirmed/provided;**

- all grant application questions have been answered
- a list of the applicant's current Board of Directors has been included
- the applicant's most recent audited financial statements have been provided
- 1 copy electronically and 1 hard copy have been submitted to the Community Foundation by the due date

## 2017 GRANT APPLICATION

SUBMIT APPLICATION TO: [amanda@spccf.ca](mailto:amanda@spccf.ca)

<b>APPLICANT INFORMATION – <i>Late and incomplete applications will not be accepted.</i></b>	
Contact Name:	Name of Organization:
Contact Title:	Year Incorporated:
Contact Telephone:	Registered Charitable Number: T3010 (most recent year filed):
Contact Email:	Organization Mailing Address:
Organization Website:	
<b>QUALIFIED DONEE INFORMATION *PARTNER ORGANIZATION FOR APPLICANTS WITHOUT A CHARITABLE STATUS</b>	
If you are not a registered charity, please included contact information for your qualified donee.	Organization Email Address:
Organization Name:	Organization Mailing Address:
Contact Name:	Registered Charitable Number:
Contact Title:	T3010 (most recent year filed):
<b>GEOGRAPHIC AREA(S) SERVED</b>	<b>SECTOR SERVED</b>
Select <b><u>ALL</u></b> of the geographic areas served by your organization's initiative:  <input type="checkbox"/> Stratford <input type="checkbox"/> St. Marys <input type="checkbox"/> North Perth <input type="checkbox"/> Perth South <input type="checkbox"/> Perth East <input type="checkbox"/> West Perth <input type="checkbox"/> All of Perth County	Select <b><u>ONE</u></b> of the below granting sectors which <b><u>best</u></b> describes your organization's initiative ( <b><u>only ONE</u></b> ):  <input type="checkbox"/> Arts   Culture   Heritage <input type="checkbox"/> Children   Youth <input type="checkbox"/> Education   Literacy <input type="checkbox"/> Environment <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Recreation   Sports <input type="checkbox"/> Seniors <input type="checkbox"/> Social Services



**GRANT REQUEST**

<b>Project Name/Initiative:</b>	
<b>Total Project Cost:</b>	\$
<b>Grant Amount Requested:</b>	\$
<b>Organization's Total Operating Revenue (most recent year end):</b>	\$

**Has your organization previously received a grant from the Community Foundation?**     Yes     No

If Yes, Year of Grant:

If Yes, Project Name:

Did you submit a final report for the grant:

Yes     No    If no, please explain:

**TELL US ABOUT YOUR ORGANIZATION**

1. **Briefly describe your organization along with the programs and services offered.** (Please keep this to four to five sentences as it will be used in future SPCF communications.)

2. **What is your organization's mission statement?**

## TELL US ABOUT YOUR PROJECT

3. **Briefly describe your project.** (Please keep this to five to six sentences as it will be used in future SPCF communications.)
4. **What is the proposed start date for your project, and if applicable completion date?** (*Note: Any expenses incurred prior to receiving notice of application approval will not be covered by grant funding.*)
5. **How many will benefit from your project?**
6. **Identify what the impact/benefit will be to the sector being served and the community at large?**
7. **Is this an expansion of an existing project or a new project?**
8. **Are you aware of any other organizations doing a similar project? If yes, identify who and describe the gaps your project is filling.**

9. **What plans, if any, do you have for collaborating with other organizations?**

10. **In the table below, identify your project's key collaborating partner(s) and their role(s) in, and contribution(s) to, the success of the project. (If more rows are needed, tab across.)**

Collaborating Partner	Role	Contribution

11. **Does your organization utilize volunteers? Will they be involved in this project? If yes, how?**

12. **Describe how the grant funds will be used for your project. Please be specific; provide an itemized list.**

13. **If awarded less than the grant amount requested, will your project still proceed? If yes, please describe how.**



14. **Have you applied for other sources of funding for this project? If yes, in the chart below, list all other sources, amounts and indicate if funding is confirmed or still pending. Please include all In-Kind project contributions. (If more rows are needed, tab across.)**

Funding Partner	Requested Amount	In-Kind Amount	Request Confirmed or Still Pending

15. **Do you plan to continue this project beyond the grant? If yes, describe your long term vision for the project?**

16. **If applicable, how will this project be funded in the future?**

**FINANCIAL INFORMATION**

17. **In the table below, please provide a brief snapshot of your organizations financial information.**  
(If more rows are needed, tab across.)

Year End Date -	Current Year Budget	Previous Year Actuals
Total Revenue		
Total Expenses		
Excess (or deficit) for year		
Reserve Funds - Restricted		
Reserve Funds - Unrestricted		

18. **Provide a brief explanation if there are large variances in either Revenue or Expenses from the previous year to the current year budget.**

19. **In the table below, please provide a detailed project budget outlining the estimated revenue and expenses.**  
(If more rows are needed, tab across.)

Estimated Project Revenue	Amount
<b>Total Estimated Revenue</b>	<b>\$</b>
Estimated Project Expenses	Amount
<b>Total Estimated Expenses</b>	<b>\$</b>



**OUTCOMES**

20. **What are the short-term project outcomes and how will these be measured?**

21. **What are the long-term project outcomes and how will these be measured?**

**GRANT RECOGNITION**

22. **As a condition of the grant we ask that in the below chart, you provide us with details of how any support provided by the Stratford Perth Community Foundation will be recognized.**  
(If more rows are needed, tab across.)

Recognition Type	Timing

**APPLICANT DECLARATION**

**We certify we have read the enclosed ‘About the Community Foundation’s Grant Program’, understand the eligibility guidelines, and we confirm the information given in this application is, to the best of our knowledge, true. We, the undersigned, have the authority to sign on behalf of the named applicant (2 signatures required).**

**We understand that by submitting this application we are authorizing Stratford Perth Community Foundation to use the information contained herein, as required in the grant review process, to select the grant recipients for the Community Foundation’s Annual Grant Program.**

<b>Date:</b>	
<b>Signing Officer:</b> <b>[Print Name]</b>	<b>Signature:</b>
<b>Signing Officer:</b> <b>[Print Name]</b>	<b>Signature:</b>