

**COMMUNITY IMPACT**

**GRANT APPLICATION**

MAXIMUM AMOUNT: $5,000.00

ALL FIELDS ARE MANDATORY

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PLEASE TYPE IN THE SPACE PROVIDED

|  |
| --- |
| **Date:** m/dd/yyyy |

# Part A: Registered Charity or Qualified Donee:

|  |  |
| --- | --- |
| Organization Name |       |
| Street Address |       | PO Box |       |
| Town |       | Postal Code |       |
| Primary Contact Person |       | Title |       |
| Phone # |       | Fax # |       |
| Email |       | Website |       |
| Approved by Authorized Representative | Name      Title       |
| Charitable Registration # |       |

# Sponsored Organization (If Applicable):

|  |  |
| --- | --- |
| Organization Name |       |
| Street Address |       | PO Box |       |
| Town |       | Postal Code |       |
| Primary Contact Person |       | Title |       |
| Phone # |       | Fax # |       |
| Email |       | Website |       |
| Approved by Authorized Representative | Name      Title       |
| Letter of Support from Registered Charity or Qualified Donee attached: Yes [ ]  No [ ]  If no, when expected:       |

**Part B: Organization Background**

**Tell us what the organization(s) involved in the project do in our community:**

|  |
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| Organization:       |
| Sponsored Organization:       |
| What are the resources and expertise in these organizations to undertake the project (including those of staff and volunteers)?       |

**Part C: Project Information**

|  |  |
| --- | --- |
| Project Name |       |
| Brief Project Description |       |
| Amount Requested | $       |
| Period this Grant Covers | Start Date:       End Date:       |

**Tell us how your project fits our granting criteria** (Our grant review committee considers the following:)

|  |
| --- |
| 1. How does the project address a community challenge or opportunity?
 |
| 1. How is it innovative?
 |
| 1. How does it build community capacity?
 |
| 1. How does the project promote networking and sharing, and/or build community partnerships?
 |
| 1. Have you applied to any other fund provider for this particular project? Yes [ ]  No [ ]

If yes, please identify funder and amount of request.       |
| 1. If there are additional project partners, please identify who they are and the role they will play.
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| 1. How will the project benefit the residents of Campbellford/ Seymour?
 |
| 1. How will the project improve the effectiveness of your organization?
 |
| 1. What is the plan for the continuation of the project beyond the initial funding?
 |
| 1. What do you expect the significant and sustainable results of the project to be?
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| --- |
| **Estimated Project Budget Summary**Please list total expenditures for the project, including those not expected to be covered by CSCF grant funding, to give us an idea of the value of the project and your organizations contribution to the project. |
| **Project Expenditure Details – please itemize**  | **Amount (excluding HST)**  | **Check expenses grant is to cover** |
|       | $       | [ ]  |
|       | $       | [ ]  |
|       | $       | [ ]  |
|       | $       | [ ]  |
|       | $       | [ ]  |
| Total Project Expenditures | $       |  |

|  |
| --- |
| **Payment Schedule** – Please indicate approximate dates grant funding will be required **(After May 1st)**Note: Funds will be paid in 2 - 3 installments, unless project is a single item one-time expense. |
| 1st Installment |       m/dd/yyyy |
| 2nd Installment |       m/dd/yyyy |
| 3rd Installment |       m/dd/yyyy |

Attachments and Check List:

**All Applicants:**

[ ]  Attach two Quotes for purchases – or provide an explanation about a single source supplier. In an effort to support the “Buy Local” campaign, it is recommended that local merchants be provided an opportunity to quote on all supplies required for the project and that if the quote is within 10% of the other quotes that the local merchant be selected.

[ ]  Other pertinent materials may be appended

**Sponsored Organizations:**

[ ]  Letter of support from Registered Charity or Qualified Donee

New Applicants only:

[ ]  List of Board of Directors

[ ]  Summary of current year operating budget for your organization

[ ]  Most recent (audited or un-audited) financial statements and Annual report (if published)

(Note: The Community Foundation may request additional information from previous applicants who have not received grant funding in the last 5 years)

**How to Apply**:

E-mail (preferable) your application and attachments to admin@cscf.ca by the deadline date.

Please save your application as: *Your* o*rganization Name – year – grant program - application* (i.e. *CSCF-2022-JOY Grant Application*)

**For Further Information Contact:**

Martha Murphy, Executive Director or Pamela Vandesteeg, Executive Assistant at 705-653-2005