

### COMMUNITY FUND GRANTMAKING PROGRAM

**2018-2019 Grow Grant - Application Form**

**Due Date: Friday, December 7th, 2018**

### APPLICANT INFORMATION

|  |  |
| --- | --- |
| **Name of Organization:** | **Address:**  |
| **Charitable Registration Number:**  |
| **Contact Person:**  | **Total Requested ($15,000 max):**  |
| **Position:** | **Project/Program Name:** |
| **Telephone:** | **Website:** |
| **Email:**  | **Social Media Handles:** |
| **Project Start Date\*:** | **Project End Date:** |

### \*Please note that If your project has already started, this grant can only cover expenditures made after the date that this grant is awarded.

### SECTION 1: ABOUT YOUR ORGANIZATION

**What is the mission and purpose of your organization? What are your main activities? (max 100 words):**

**SECTION 2: ABOUT YOUR PROJECT**

1. **Describe your initiative (max 100 words):**

*What need has inspired this project? How was the idea for this initiative conceived?*

1. **Is this a new project? Yes [ ]  No [ ]**
2. **Which of the** [**Vital Signs ® 2017**](https://burlingtonfoundation.org/wp-content/uploads/2018/04/vitalsigns_final_singlepgs_2_website.pdf)**-2018 priorities does this program or project address?**

**We recognize the intersectionality of many of these priorities and encourage applications that address multiple priorities.**  **Please check ALL that apply.**

|  |  |  |  |
| --- | --- | --- | --- |
| Income & Poverty  |   | Mental Health  |   |
| Environment & Sustainability  |   | Youth - Employment Supports   |   |
| Newcomers & Inclusivity  |   | Youth – General  |   |
| Seniors  |   | Youth – Performing Arts/Mental Health   |   |

1. **Are there any factors that might affect the timing and delivery of this initiative? Please describe.**
2. **Where will your initiative take place?**

|  |  |
| --- | --- |
| **Street Address/****Neighbourhood** |  |
| **City** |  |
| **Project/Program Website** |  |

### SECTION 3: COMMUNITY PARTNERSHIPS

1. **Are you applying in collaboration with other community organizations? Yes [ ]  No [ ]**
2. **If so, in the table below, name the collaborating partners and explain their role (s) within the project:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Role** | **Contact Name** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Describe your collaboration model and/or process for this initiative. (150 words).***How are responsibilities delegated? Did partners sign a memorandum of understanding? How will accountability be managed? How will reporting and communication happen internally? Externally? How will partners work together? Is there a steering committee? Working groups?*

**SECTION 4: PROJECT IMPACT**

1. **Describe the community need this project addresses or supports.***Where applicable, please include credible data, from your own organization and/or from outside your organization to support the need for your program and your statements.*
2. **Who is/are the intended beneficiaries of this program?**

*Describe the various stakeholder groups who will access the program/services being offered and/or how they will be directly impacted.*

1. **Describe the role, if any, intended beneficiaries have had in the design, potential implementation, and evaluation of this initiative.**

*What kind of role did individuals with lived experience of the issues and challenges have in this initiative? What feedback opportunities have been built into the process to inform future design and impact opportunities?*

1. **Please describe your project and its impact***What is your project? What are its goals? Who will be involved? How will it make a difference in your community? Who will be better off as a result of this initiative?*
2. **Describe the experience and expertise that your organization and collaborating partners have that position this initiative for successful impact (Maximum 200 words).**

*What skills, resources, experiences are required, based on your research and assessment of best practices, to successfully execute this initiative? How are these addressed within your collaboration?*

**Project Participants**

|  |  |
| --- | --- |
| How many community members will be directly impacted by your program?  |  |
| How many community members do you expect to participate in your project in total? |  |
| If your project will require volunteers, how many do you expect to include? |  |

1. **Are there other community initiatives currently addressing the same or similar need? If so, which organizations are tackling this need, and how are you collaborating? How does your program differ or support the initiative you describe here? (Max 150 words)**

**SECTION 5: EVALUATION**

Applicants should have a clear and logical plan for projects. Your plan should demonstrate the resources required, the activities involved, the outputs you will produce, and the resulting changes in people, families, organizations and the community.

1. **Describe your evaluation plan and how you intend to measure the community impact of your initiative.**
*How will our community be different because of your initiative? What is the change you want to create in the community? What indicators will you be tracking to communicate impact?*
2. **How will you be evaluating and tracking outcomes and impact of your initiative?**
*Tax-filer data, Municipal data, pre and post community surveys, other? Which partner (s) will be responsible for tracking outcomes/impact?*
3. **Describe your plan to collect and share stories throughout your program/project (Max 100 words).**

**SECTION 6: PROGRAM/PROJECT BUDGET & SUSTAINABILITY**

* 1. **Provide a budget detailing the TOTAL cost of this initiative (including ‘in-kind’ contributions). Please note that salaries and general operating expenses can only equal a maximum of 25% of your total budget.**

|  |  |  |
| --- | --- | --- |
| **Item**  | **Details**  | **Amount ($)**  |
|  |      |    |
|   |   |   |
|  |      |     |
|   |   |   |
|  |  **Total Amount**  | **$** |

* 1. **How will the total amount requested in this grant application be specifically spent (include ‘in-kind’ contributions)?**

|  |  |  |
| --- | --- | --- |
| **Item**  | **Details**  | **Amount ($)**  |
|  |    |     |
|   |   |   |
|  |     |  |
|   |   |   |
| *(Amount should match total grant request)* | **TOTAL AMOUNT** | **$** |

**All eligible projects must match the value of the requested grant, either in cash or through in-kind contributions. You must indicate these values in your project budget.**

1. **Describe your project’s ‘in kind’ contributions ' and the values you have assigned to them.**

*Ex: volunteer hours; donations of professional services; donation of materials; any other materials or resources that will be provided for the project but that will not be covered by the grant.*

|  |  |  |
| --- | --- | --- |
| **Source (s) of In-Kind Contribution** | **Description of In-Kind Contribution** | **Approximate Value** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | **TOTAL** | $ |

1. **Please provide details about how the value of these ‘in-kind’ contributions were calculated.**
2. **List any additional funding sources that have been confirmed for this initiative, as well as those that have been applied for and are currently pending:**

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Funding Amount** | **Status (Confirmed/Applied)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Funding Confirmed:**

**Total Funding to Be Confirmed:**



**SUBMISSION PROCESS**

**Due Date: Friday, December 7th, 2018 at 5:00pm**

Please include the following mandatory attachments in your submission:

* **Completed Grow Grant - Application Form** – In Word format
* **Signed permission form** - by the applicant organization confirming that you are authorized to apply (see following page).
* **Detailed revenue and expense budget** for the project, indicating sources and amounts of all funds obtained to date, proposed or expected including matching contributions.

**All projects must match the value of the requested grant, including all funding and/or ‘in-kind’ contributions.**

**The application must be received by 5 PM on Friday, December 7th, 2018 at 5:00pm**

All components must be received by e-mail.

Please e-mail the completed Grow Grant Application Form in Word format, along with all other attachments in one email with the subject line 2018-2019 Grow Grant Application to lsharmaseth@burlingtonfoundation.org

**If you have any questions or require assistance, please contact:**

Leena Sharma Seth at 905-639-0744 ext. 221 or lsharmaseth@burlingtonfoundation.org



### Burlington Foundation COMMUNITY FUND GRANTMAKING PROGRAM

**2018-2019 Grow Grant Application Form**

**Permission from the Applicant Organization**

**(THIS PAGE TO BE SIGNED AND SENT AS A PDF.)**

*Complete the form below to confirm that you have authorization to apply to Burlington Foundation on behalf of the applicant organization.*

By my signature below, I confirm that I have the full authority to apply for this grant on behalf of the organization listed below, as well as any other collaborators mentioned in this application:

|  |  |
| --- | --- |
| **Name of the Charitable Organization**  |  |
| **Charitable registration number**  |  |
| **Name of authorized person** |  |
| **Signature of authorized person** |  |
| **Title**  |  |
| **Email**  |  |
| **Telephone Number**  |  |