

Community Grants Application Form

The Community Grants program provides funding to eligible applicants that seek to maintain and/or build capacity to serve residents and visitors through the delivery of new or existing services, programs and activities which provide residents with opportunities to stay active, healthy and engaged in our community as well as build on local arts and cultural experiences and/or attract visitors.

Please review the Community Grants Program information, prior to submitting an application. Each section of the applications must be fully completed to be considered for review by the Grants Review Committee. Incomplete applications will not be considered and returned to the applicant.

Application Deadline November 30th @ 4:30 p.m.

Please submit to Julia Crowder, Manager of Economic Development by email to <u>icrowder@smithsfalls.ca</u> or in person at Town Hall.

Name of Applicant			
Organization/Business			
Title	Phone #		
Email Address			
Mailing Address			
Applicant Type	Please identify what best describes your applicant type: Not-For-Profit Organizations Unincorporated Community Group Individual		
Description of Request	Please identify category your funding request will be used for: Community and Social Services Events and Festivals Arts and Culture Education and Programs Environmental Education and Programs Sports and Recreation Activities and Programs Minor Capital Project/Investment		
Amount Requested	\$		
Previous Funding	Please advise if/when grant funding has been given by the Town: Year: Amount: \$ Purpose: Year: Amount: \$ Purpose:		

ase provide a detailed	d overview of the Service	e, Program or A	Activity for whic	h funding is being	requested
/ project will support	underserviced and equi	ty seeking pop	ulations such as	s those:	
	•	ty seeking pop	ulations such as	s those:	
☐ Living with disabi	lities	ty seeking pop	ulations such as	s those:	
☐ Living with disabi	lities omers or immigrants	ty seeking pop	ulations such as	s those:	
☐ Living with disabi ☐ Racialized, newco	lities omers or immigrants ners (including Seniors)	ty seeking pop	ulations such as	s those:	
☐ Living with disabi ☐ Racialized, newco ☐ Low incomes ear ☐ Children and/or N	lities omers or immigrants ners (including Seniors) outh	ty seeking pop	ulations such as	s those:	
☐ Living with disabi ☐ Racialized, newco	lities omers or immigrants ners (including Seniors) outh	ty seeking pop	ulations such as	s those:	
Living with disabi Racialized, newco Low incomes ear Children and/or N None of the abov	lities omers or immigrants ners (including Seniors) outh re cribe how your project o	will be respons	ive to the need	s of a diverse popu	-
Living with disabi Racialized, newco Low incomes ear Children and/or N None of the above	lities omers or immigrants ners (including Seniors) outh	will be respons	ive to the need	s of a diverse popu	-

Please describe the Target Population that will benefit from your Project / Ev	vent:
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Age Range:	# of Participants benefitting from this project/event:
☐ Children Ages 0-12 ☐ Youth Ages 13 – 18 ☐ Adults Ages 19 – 64 ☐ Seniors Ages 65 +	☐ 1-50 ☐ 51-100 ☐ 100-499 ☐ 500-1000 ☐ 1000+
How does this project support a sustainable and cohesion, and/or spur economic activity	strategy to draw visitors, increase local vibrancy, social services y?
What other community benefits will the pro	ject/event provide if any:
Please tell us if the project will included oth	er Partners and Supporters:
Name of Individual or Organization	Type of Support (In kind, financial, volunteer, other)
Please define success for your project, includ	ling key outcomes and how you will measure success:

Budget: Revenues and Expenses

Community Grants are not intended to be the sole source of funding and applicants must demonstrate funds from sources which will support the additional cost of the project. The Grant will support up to 50% of the total eligible NET project costs to a maximum of:

- Not-for-profit incorporated organizations can apply for up to \$25,000. This includes funding related to minor capital purchases to a Maximum of \$15,000 for Building Repairs and Improvements and/or a Maximum of \$5,000 for Machinery and Equipment or for Major Capital investments to support on other funding application for a major capital repair project.
- Small, unincorporated community groups can apply for a maximum of \$10,000. This includes funding related to minor capital purchases to a Maximum of \$10,000 for Building Repairs and Improvements and/or a Maximum of \$5,000 for Machinery and Equipment to support the running of community programs or events.
- o **Individuals** can apply for a maximum of \$2,500. This includes funding related to minor capital purchases to a Maximum of \$2,500 for Machinery and Equipment to support the running of community programs or events.

Applicants can submit multiple applications for different programs and events within the program year, being evaluated and funded on a first come first served basis, while funds are available. Multiple applications may not exceed the total maximum amount for each eligible applicant type annually.

Please complete the following section related to your project budget and request. Incorporated and/or Not-for-Profit organizations seeking funding for operational or capital projects must submit previous year Financial Statements in addition to outlining estimated revenue and expenses for the applicable project year below.

Applicants applying for funding related to programs, activities or events must fill out the chart below based on the individual estimated project budget. Revenues/Expenses will reflect any funding/cost for the project specifically.

Eligible Expenses		
ltem	Description	Amount
1. Administrative		
Staffing		\$
Utilities		\$
Insurance		\$
Other		\$
2. Programming and	Production and/or capital costs	
Purchased Services		\$
Equipment		\$
Materials/Supplies		\$
Building Repairs		\$
3. Marketing and Pr	omotion	
Digital		\$
Print		\$
Radio		\$
Signage		\$
	Total Expenses:	\$

Estimated Revenues				
Item	Description	Amount		
4. Government Grants				
Federal		\$		
Provincial		\$		
Municipal/Regional		\$		
Other		\$		
5. Revenues from Core Activities				
Admission		\$		
Membership Fees		\$		
Donations/Fundraising		\$		
Program/Service Fees		\$		
Other Income		\$		
	Total Revenue:	\$		
Total NET Eligible Costs (Expenses – Revenues):				
	SIGNATURE OF AUTHORIZED OFFICIAL(S)			
By signing below, you attest to the following three points: I have the capacity and the authority to submit this Application for Funding I certify and warrant that the information provided in this Application for Funding including supporting documents is true, accurate, and complete I have read the Community Grants Policy and understand the program requirements				
Signature Date				
Signature Date				
For Office Use Only				
Date Reviewed:	□ Approved□ DeniedAmount Approved:\$			
Comments:				