



Foundation Office Use Only

Date Received: _____

Application #: _____

CRA Confirmed ☐

Community Impact Grants Program 2018-2019

Grant Application Instructions

We are pleased to welcome your proposal for a grant from the WindsorEssex Community Foundation (WECF). Please ensure your submission is typed – handwritten applications will not be accepted. The answer spaces will expand as you type to allocate more space – it is strongly recommended you keep answers as brief as possible and to-the-point. The WECF reserves the right to pull any applications from review that do not meet the program eligibility requirements, so it is strongly advised that you review and understand the eligibility requirements before proceeding.

Please read the grant application form and instructions carefully.

- ☐ Review the Foundation's granting policies before proceeding. These can be viewed in our [Applicant Guide](#).
- ☐ Gather and include the following documents in PDF or DOC format:
 - Current Board of Directors list;
 - Current operating budget for your organization or department;
 - Your organization's most recent audited financial statements;
 - Completed budget form; and,
 - Letter of support from intermediary (if applicable).
- ☐ Ensure the application contact information is correct and that the person listed will be available by phone or email during the application window: July 3, to September 28, 2018.
- ☐ Answer all questions in Sections 1 through 4.
- ☐ Submit your application no later than **4:00pm on Friday, September 28, 2018**.
- ☐ Keep a copy of the application for your records.

Should you have any questions while completing this application, or after submission, please contact the WindsorEssex Community Foundation at 519-255-6572 / info@wecf.ca



2018-2019 Community Impact Grant Program Application

Section 1 Applicant Information

Name of Organization	_____		
Mailing Address	_____		
City	Province	Postal Code	
_____	_____	_____	
Applicant Name	_____		
Applicant Title	_____		
Phone	Fax	_____	
_____	_____	_____	
Email Address	_____		

Select option A OR B and fill in the fields below:

☐ **Option A**

Our organization is a charity registered with Canada Revenue Agency (CRA).

Date of Incorporation: _____

Charitable Registration Number: _____ - _____ (format: 12345-6789 RR0001)

☐ **OR Option B**

We are **NOT** a registered charity but we have established an intermediary relationship with a charity or amateur athletic association that is registered with Canada Revenue Agency (CRA) or with a municipality.

Name of Intermediary Organization	_____		
Mailing Address	_____		
City	Province	Postal Code	
_____	_____	_____	
Contact	_____		
Contact Title	_____		
Phone	Fax	_____	
_____	_____	_____	
Email	_____		
Intermediary's CRA #	_____ - _____	(format: 12345-6789 RR0001)	

**** Ensure a letter of support from your intermediary is submitted with your application.
Please refer to the Applicant Guide for details on what to include in this letter.**



Section 2
Organization Background

1. What is your organization's mission and vision?

Section 3
Project Information
(please observe suggested word limit)

Name of Project _____

Total Cost of Project * \$ _____ Total Organization Budget \$ _____

Amount Requested from WECF * (maximum \$15,000) \$ _____

** These numbers should match the numbers on your budget form.*

1. Is this a new or existing project? ☐ New ☐ Existing

Is this project ongoing? ☐ Yes ☐ No

If not ongoing, please indicated the start and end dates: Start Date: _____ Completion Date: _____

Populations served: _____

Number of participants: _____

2. Describe your project in one sentence.

3. Who will benefit from this project? Describe the impact this project will have on the community?
Describe the short and long-term outcomes of the project.

4. How will you measure the effectiveness of the project? Use quantitative data to expand on your answer (ie. 42 volunteers are expected to receive training with this funding, or program participants are expected to increase by 25%).

5. How have you identified a need for this project? Is anyone else in the community currently addressing this same need?



6. Which of the Foundation's "areas of interest" does your project fall under? Explain the connection. Refer to the WECF's general Areas of Interest and the Vital Signs Issue Areas. Please review our [Applicant Guide](#) for a listing of these areas.

7. How have you partnered with other organizations for this project? Please identify your partners and the role they will play in the project. Only include those that have confirmed partnership.

8. How much funding are you requesting from the WindsorEssex Community Foundation and for what component of the project?

9. If applicable, please also provide information about your intermediary organization. How is this agency connected to yours or to the project? *Remember to attach a letter of support from the intermediary.*

10. How will you acknowledge the grant from the WindsorEssex Community Foundation?

- | | | | |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Media release | <input type="checkbox"/> Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> E-newsletter |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Events | <input type="checkbox"/> Advertisements | <input type="checkbox"/> Other (please provide details) |

Details:

11. How did you hear about this call for proposals?

12. Do we have your permission to share this application with other potential funders? ☐ Yes ☐ No



Section 4 Project Budget

Please use [the attached](#) template to present your project budget.

Reserve Funds:

Do you have funds set aside for emergencies, capital projects or other purposes? ☐ Yes ☐ No

If so, please tell us the amount and purpose for these funds.

*We confirm the information contained in this application is true and accurate
to the best of our knowledge and has been authorized by our Board of Directors.*

Name of Chief Staff Person

Name of Board Representative



Budget Form

Community Impact Grant Program 2018 - 2019

PROJECT INCOME	<i>Details/Notes</i>
----------------	----------------------

Project Name:	
---------------	--

Requested Grant Amount From WECF:	\$	
-----------------------------------	----	--

Other Project Contributions		
Cash:	\$	
In-Kind:	\$	

Total Project Income:	\$	
-----------------------	----	--

PROJECT EXPENSES	Expenses for Total Project (include grant expenses)	Projected Expenses Covered in Grant Request	<i>Details/Notes (please be as descriptive as possible)</i>
------------------	---	---	---

Salaries/Fees/Honoraria	\$	\$	
Materials/Supplies	\$	\$	
Promotion/Printing	\$	\$	
Office Expenses	\$	\$	
Miscellaneous	\$	\$	
Total Project Expenses:	\$		

Net Income (Total Income - Total Expenses)	\$	
--	----	--

*****Note: Eligible projects must have a net income of \$0.00. In other words, your project's total income must equal your expected total expenses.***