

Part A - Applicant / Organization Information

Municipal Grants Program 1

Financial and In-Kind Assistance Application Form

This application package is divided into the following sections.

- Part A: Applicant / Organization Information
- Part B: First Stage Assessment
- Part C: Second Stage Assessment
- Part D: Authorized Official(s) Confirmation

Saving your application to complete later:

You can save your progress and complete the application at a later date by clicking the save button located at the end of the application form.

An email will be sent with a link to your application in progress each time it is saved.

Submitting your completed application:

Once your application is submitted, an email will be sent to the email provided in this application. The email will include a PDF copy of your completed application.

A1. Contact Name *

A2. Organization Name *

A3. Mailing Address (including Apt/Unit) *

A4. City *

A5. Postal Code *

A6. Website

A7. Telephone *

A8. Extension

A9. Fax Number

A10. Email Address *

A11. Provide your business or registered charity number *

A12. Are you an emerging organization (existed for 3 years or less) *

Yes

No

A12(a). How are decisions made regarding how you operate? (Examples: Do all members have a vote? Do members elect a group of members to work as an “Executive” or “Board of Directors” to serve the membership?) *

A12(b). How do you select the individuals for the decision making group? *

A12(c). How long is the term for being part of the decision making group? *

A12(d). What is/will be your process for selecting new members to serve in these positions in the future? *

A12(e). How many members need to be present for decisions to be accepted? *

A12(f). What measures have you/will you put in place to: (a) Communicate with the membership? (b) Hold decision-makers accountable to the general membership? (c) Make changes to your operating “rules?” *

A13. Please attach the minutes of your organizations last Annual General Meeting (AGM)

A14. Please attach a list of executive officers/organizing committee or Board of Directors, including names, town/city of residence, telephone numbers and years of service on the committee.

A15. How many volunteers support your organization? Does this number of volunteers fulfill your organizations needs? *

A16. What are the duties performed by your organizations volunteers?

A17. How many members does your organization currently have?

A18. What is the percentage (%) breakdown of your members? (% in Clarence-Rockland, the UCPR or other locations)

A19. Are there fees associated with membership/participation? *

Yes

No

A19(a). Upload your list of membership fees, participation fees and/or fees for service *

Part B - First Stage Assessment

B1. Municipal Grants are intended to provide modest levels of support and assistance to eligible organizations. Below are the eligibility requirements, please complete this checklist to confirm your eligibility; *

- We are a non-profit community group / organization whose primary focus is within the City of Clarence-Rockland.
- This is the only application being submitted. (whether it be Program 1 or Program 2)
- We have not had an application reviewed and denied twice.
- We have not received funding from other City of Clarence-Rockland departments (ie. Tourism)
- No more than 30% of our groups expenditures are for administration costs.
- We understand that the maximum amount available to any one eligible organization in any one calendar year is \$5,000.00 (Financial and In-Kind), as determined by the Committee.
- This grant request is not being considered as the primary source of funding for our organization.
- Funding must be spent in the current fiscal year and must be spent on the sole purpose for which it is approved.
- This grant request is for a future initiative. (Retroactive funding is not considered)
- There is equity and accessibility to participants for this initiative.
- We understand the reporting requirements that must be completed by the last Friday in October in the year the grant was approved.

B2. Please attach your Audited Financial Statements (signed by 2 Directors) *Note: Emerging organizations (less than 3 years) attached unaudited Financial Statements for the previous year. *

B3. Has your organization received funding through the Municipal Grants Program in previous years? *

- Yes
- No

B3(a). List your previous municipal grants (financial and in-kind) including the year of funding, amount and purpose of funding in the last 3 years.

B4. Please check what other sources of funding has been received or applied for:

- Federal Government
- Provincial Government
- Municipal Government
- Regional Government (ie. United Counties of Prescott-Russell)
- Fundraising Events
- Donations
- Other
- N/A

B4(a). Federal Government (please provide details and amounts)

B4(b). Provincial Government (please provide details and amounts)

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B4(c). Municipal Government (please provide details and amounts)

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B4(d). Regional Government (please provide details and amounts)

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B4(e). Other (please provide details and amounts)

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Part C - Second Stage Assessment

Evidence of Need

C1. What is the mission and primary objective of your organization? *

C2. How does/will the Clarence-Rockland community benefit from your organization's presence in the community? *

C3. Programs offered by your organization are primarily serving which demographic? *

- Children (below the age of 13)
- Youth (between the ages of 13-24)
- Adults (between the ages of 25-54)
- Senior Adults (55 years of age and older)

C4. Describe what you are seeking funding for and how you would specifically use the grant. If this initiative is related to an event(s) please provide the date(s) of the event(s). *

C5. Please describe how your initiative or event will benefit the community.

C6. Who will directly benefit from this grant request? (include the estimated number of beneficiaries) *

C7. How will this grant funding aid your organization and the intended beneficiaries? (What changes or improvements will members, participants, or volunteers experience?) *

C8. How will receiving funding impact the Clarence-Rockland community in both the short term and long term? *

Targets and Outcomes

C9. What are the targets you wish to achieve through this initiative? *

C10. What are the expected outcomes of this initiative? *

C11. How will you evaluate and measure these targets and outcomes? (check all that apply) *

- Participant survey
- Reviews from local media
- Feedback from social media site
- Track increase/decrease in membership
- Track increase/decrease in participation
- Track increase/decrease in volunteerism
- Analyze budget for expenditure decrease
- Analyze budget for revenue increase
- Achieve increased functionality
- Improved energy efficiency
- Review increase/decrease of safety concerns
- Other

C11(a). Please provide details for other measures.

Access to the Initiative

C12. Who will have access to this initiative and what channels will be used to communicate to the intended beneficiaries? *

C13. How many volunteers will be used for this initiative and what are their roles or tasks? Please include total estimated volunteer hours for this initiative. *

Cost of the Initiative/Financial Information

Please note the following:

Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. List your requests for funding below in order of priority.

Organizations may request up to a maximum of \$5,000 (total combined benefit funding and in-kind).

In-kind services do not include Permits, Police Services or Paramedic Services.

If you require assistance in calculating the estimated costs of in-kind service requests please contact us by email at finance@clarence-rockland.com or by phone at 613-446-6022, 2205.

C14. Are you requesting Financial Funding? *

Yes

No

C14(a). Please itemize and list in order of priority your request(s) for funds: *

C14(b). Total amount of financial funding requested (as itemized above C14(a)). *

C14(c). How will your organization be affected if the grant is not approved or if a reduced amount is granted? *

C15. Are you requesting In-Kind Assistance? *

Yes

No

C15(a). In-Kind Service Request - Transportation and Parking Services (included description of service required and estimate of cost).

C15(b). In-Kind Service Request - Municipal Works Services (included description of service required and estimate of cost).

C15(c). In-Kind Service Request - Parks Dept. Services (included description of service required and estimate of cost).

C15(d). In-Kind Service Request - Recreation Dept. Services (included description of service required and estimate of cost).

C15(e). In-Kind Service Request - Other Services (included description of service required and estimate of cost).

C15(f). Total amount of in-kind funding requested (as itemized above). *

C16. Total Funding Requested (Financial + In-Kind)

C17. What happens/will happen to profits generated by your organization? *

C18. How does/will your organization handle operating shortfalls? *

C19. Please attach a copy of your **2022 budget.**

C20. Please attach a copy of your proposed 2023 budget.*

C21. Attach any additional information to support your application.

Part D - Authorized Official(s) Confirmation

D1. Authorization *

I have reviewed the entire application submission and all information provided is true and accurate to the best of my knowledge and understanding.

I am authorized to sign on behalf of this organization.

D2. Print name and title of signing officer submitting this application for the 2023 Municipal Grants Program on behalf of your organization. *

Your application has been successfully submitted.

You will receive an email confirmation that includes a PDF copy of your completed application.

Applications are reviewed by the Municipal Grants Committee.

Applicants will be notified of the decision of the Committee.

Notice of Collection - Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to) your name, contact information, and any comments, is collected and will be used in accordance with MFIPPA and all other relevant privacy laws. All information received will only be used by City staff for the purpose it is collected. Questions regarding the collection, use, and disclosure of your personal information should be directed to the City Clerk, 1560 Laurier St, Rockland ON, K4K 1P7, 613-446-6022, **EXTENSION, CLERK EMAIL.**