



For Office Use ONLY	
Cycle (circle)	Spring or Fall
Grant #	
Activity #	
Amount Approved	

**SMART & CARING COMMUNITY GRANT APPLICATION**

Section 1: ORGANIZATION PROFILE			
Date			
Name of Agency			
Canada Revenue Agency BN/Registration Number			
Provincial or Federal Incorporation Number		Year of Incorporation	
Mailing Address	Address:		
	City:	Province:	Postal Code:
Contact Person Name			
Title			
Email			
Telephone			
Website			
Do you have an Agency Profile on our Community Knowledge Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Organization Purpose:</b> Please provide your mission statement and vision as well as present a statement or impactful statistic that provides an immediate and clear understanding of your organization's core work (max. 100 words)			
Organization's Annual Operating Budget		Fiscal Year End	
Number of Full-time and Part-time Staff	(FT)	(PT)	Number of Volunteers

## Section 2: PROJECT

<b>Project Title:</b>			
<b>Concise Description:</b> Use plain language to describe your initiative in one concise sentence; that provides an immediate and clear understanding of the work you want to do. (max. 40 words)			
<b>Initiative Start Date</b>		<b>End Date</b>	
<b>Amount Requested from the CFSEA</b>	\$	<b>Total Project Expenses</b>	\$

## Section 3: NEED

- a) What need will you address through this initiative?
- b) How did you identify this need? Please document sources of evidence.
- c) What community outreach has been conducted to ensure community buy-in?
- d) Explain how this the right time to undertake this work?

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## Section 4: PROJECT OVERVIEW

Project Title	
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Which priority granting areas apply to this project:

- Strengthening relationships with Indigenous and multi-cultural groups
- Encouraging mental health
- Pursuing an environmentally sustainable future
- Living a creative, active life
- Reducing poverty

Please provide a brief project description including how it is tied into the 2016 Vital Signs Report and the number of individuals it will serve. (max. 300 words)

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**Section 4.1: PROJECT DETAILS For each goal, please complete the following:**

<b>Goal #1:</b>		
<b>Strategy</b>	<b>Activities/Outputs</b>	<b>Outcomes (how will success be measured?)</b>

<b>Goal #2:</b>		
<b>Strategy</b>	<b>Activities/Outputs</b>	<b>Outcomes (how will success be measured?)</b>

<b>Goal #3:</b>		
<b>Strategy</b>	<b>Activities/Outputs</b>	<b>Outcomes (how will success be measured?)</b>

<b>2. Describe how you will implement your plan of action:</b>

**3. Describe the process and tools you will use to evaluate the project (Outputs/outcomes):**

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**4. What other agencies support your work and how?**

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**5. What will happen to this project if you only receive partial funding from CFSEA?**

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**6. If applicable, how will the project be sustained in the future?**

**7. If you are a successful grant recipient, please describe how you will publicly acknowledge the Community Foundation's financial contribution to your project and its impact?**

**PROJECT REVENUE**

Source of Revenue	Assured	Potential
CFSEA	\$	\$
Other Funders (Specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Government (please specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Support from your agency	\$	\$

<b>Total Project Revenue</b>	\$	+	\$	=	\$
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**PROJECT EXPENDITURES**

Items	Cost
Salaries/Benefits	\$
Program Costs a)	\$
Program Costs b)	\$
Program Costs c)	\$
IT Equipment (hardware, software)	\$
Capital (specify and provide quotes)	\$
Agency Administration (no more than 10%)	\$
Other:	\$
	\$
	\$
	\$

<b>Total Project Expenditures</b>	\$
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**Section 5: AUTHORIZATION/VERIFICATION**

<b>Board Chair:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Chief Staff Person:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**CHECKLIST - Please check to ensure all documents are enclosed before submitting the application.**

- One full (1) electronic application with all attachments
- One paper (hard copy) application with all attachments
- 10 paper copies of the application and budget only (no attachments)
- Board of Directors – Current List including addresses and phone numbers
- Audited financial statement for last completed fiscal year (NA if available on the CKC)
- Operating Budget for current year
- 2-3 Quotes for Equipment – if applicable

Is this project budget included in the operating budget for the current year?

- Yes     No