



Community Partnership Program Application

General Information

Funding Period:

GRANTS

January 1, 2019 to December 31, 2019

Application Due Date:

Community Partnership Program Applications must be **received by Friday November 30th 2018**. Applications received after the deadline may not be considered.

Mailing Address

Municipality of Strathroy-Caradoc
52 Frank St.
Strathroy, ON N7G 2R4
Attention: Bill Dakin, Director of Finance

Email

bdakin@strathroy-caradoc.ca

The Municipality of Strathroy-Caradoc
52 Frank St. Strathroy, ON
Phone: 519-245-1105 Fax: 519-245-6353
COMMUNITY PARTNERSHIP PROGRAM APPLICATION

Organization Name: _____

Address: _____

Contact Person: _____

Telephone: _____

Fax: _____

E-mail: _____

RE: (Name of Proposal) _____

Authorized signature _____

Name and Position _____

Yearly Funding Period _____ to _____

CATEGORIES OF REQUEST FOR ASSISTANCE (check appropriate box(es))

Financial Assistance

- Service
- Project
- Organization

FUNDING AMOUNT REQUESTED: _____

DETAILS OF REQUESTS FOR ASSISTANCE:

PROPOSAL SUMMARY:

1. Please provide a clear and concise proposal summary including the goals and objectives of your proposal: (use separate page if required)

2. Please check one subject area for which your organization is requesting funds:

- Tourism/Economic Development** Organizations that significantly benefit tourism by bringing in non-Strathroy-Caradoc residents into Strathroy-Caradoc

- Community** Refers to organizations which enable citizens to strengthen the personal or community life of the Municipality of Strathroy-Caradoc. It also refers to organizations which strengthen neighbourhoods, accessibility, and public involvement in organizations. This category includes quality of life organizations. This category does not include local recreation groups. (ie. sports groups, etc.).

- Art** Refers to organizations which produce, present, distribute, dedicate and/or encourage the appreciation of and the creation of work in the literary, performing or visual arts.

- Culture and Heritage** Refers to organizations which represent the creative capacities of citizens or the celebration of racial or ethnic contributions e.g. diversity and multi-culturalism.

Note: Organizers of parades are required to provide liability insurance in the amount of \$2 million.

3. Please describe how your proposal supports the subject area for which you are applying. If this is a repeat of an application from a previous year, please proceed to question 20.

ELIGIBILITY (If this is a repeat of an application from a previous year, please proceed to question 20)

4. ARE YOU A NON-PROFIT ORGANIZATION? Yes No
5. PLEASE PROVIDE YOUR REVENUE CANADA CHARITABLE REGISTRATION NUMBER (If Applicable): _____
6. HAS YOUR ORGANIZATION MADE ANY OTHER APPLICATION TO THE MUNICIPALITY OF STRATHROY-CARADOC FOR FINANCIAL ASSISTANCE FOR THE CURRENT PERIOD?
- Yes No IF YES, WHEN? _____
7. HAS YOUR ORGANIZATION RECEIVED FUNDING FROM THE MUNICIPALITY OF STRATHROY-CARADOC IN PRIOR YEARS?
- Yes No IF YES, HOW MUCH? _____
8. WILL YOUR ORGANIZATION OR ANOTHER ORGANIZATION BE THE PRIMARY FUNDER OF THIS SERVICE/ PROGRAM?
- Yes No
9. IS YOUR ORGANIZATION LOCATED WITHIN THE MUNICIPALITY OF STRATHROY-CARADOC?
- Yes No
10. WILL THIS PROGRAM PROVIDE SERVICES TO CITIZENS WITHIN THE MUNICIPALITY OF STRATHROY-CARADOC?
- Yes No

11. WILL THE FUNDS THAT THE MUNICIPALITY PROVIDES YOUR ORGANIZATION BE UTILIZED ONLY BY YOUR ORGANIZATION?

Yes No

12. Please outline what community need is addressed by your proposal:

13. How have you determined the need for your proposal:
(Please provide specific data to substantiate)?

14. What efforts have been made to determine if there are similar programs/services in the same geographical area?

15. Outline the community support you have received for your proposal?

16. How would your organization promote/market the Municipalities support?

ORGANIZATION STRENGTH

17. Is your organization governed by a community based volunteer board of directors?

Yes No

18. How does your organization partner and collaborate with other community organizations and funders?

19. Describe your organization’s staff/volunteer qualifications and experience to undertake this proposal.

FINANCIAL CONSIDERATION

20. Please indicate below any of your organization’s outstanding loans or deficits.

21. Is your funding request due to funding decreases from other partners? (eg. Federal, Provincial, etc.)

Yes No

22. What steps have you taken to explore other sources of financial support?

23. What will be the implications for your proposal if financial assistance funding is not granted?

24. If your organization's proposal continues beyond the grant period, where do you intend to obtain future financial support?

APPLICATION CHECKLIST:

Please confirm below that your organization has provided the following information attached with your application:

1. Application Submitted
Date: _____

2. Financial Information:
 - a. Previous year's balance sheet, income and expense statements
 Yes No

 - b. Current year's budget
 Yes No

 - c. Next year's budget
 Yes No

 - d. 3 year business plan (new organization)
 Yes No

3. Letter of confirmation from the Board of Directors showing that the Board has approved this proposal.
 Yes No