Community Partnership Program Application
General Information

Funding Period:

GRANTS

January 1, 2021 to December 31, 2021

Application Due Date:

Community Partnership Program Applications must be received by Friday September 25, 2020. 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
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
     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.).

   - Community
     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.

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

   - 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