



# Community Grant Program Sample Application

This sample application is based on a successful Community Grant Program application. It is designed to assist you in the application process by providing an example of several of the features we are looking for in an application. Please also refer to our Application Guide for further help.

If you have questions, need additional assistance, or have suggestions for improving this example, please contact Rhonda Newton, CIF Grants Administrator at **306.780.9308** or by email at **[rnewton@cifsask.org](mailto:rnewton@cifsask.org)**

# COMMUNITY GRANT PROGRAM APPLICATION FORM



**Application Deadline** *(select one)*

April 1 - Annual     
  October 1 – Annual     
  February 1 - Summer

**Type of Grant** *(select one)*

Annual Local (\$25,000 maximum)     
  Summer Local (\$5,000 maximum)  
 Annual Provincial (\$50,000 maximum)     
  Summer Provincial (\$10,000 maximum)

**Region Where Project Will Be Delivered** *(select one)*

To determine the correct region refer to the map at [www.cifsask.org/grants/apply-here](http://www.cifsask.org/grants/apply-here).

North     
  Provincial *(select one below)*  
 Central     
  The project will occur in more than one region.  
 South     
  Project participants will come from more than one

**Grant Request** \$14,500

*This number needs to match the amount you request in the budget, later in the application.*

## APPLICANT INFORMATION

*(Please provide your responses in the shaded areas).*

|                               |   |                    |         |
|-------------------------------|---|--------------------|---------|
| <b>Organization</b>           | Anytown Centre for Inclusion and Learning |                    |         |
| <b>Address</b>                | Box 123                                   |                    |         |
| <b>Community</b>              | Anytown, Saskatchewan                     | <b>Postal Code</b> | S0K 1Z0 |
| <b>Primary Contact Person</b> | <b>Alternate Contact Person</b>           |                    |         |
| Ms. Jane Smith                | John Doe                                  |                    |         |
| <b>Position / Job Title</b>   | <b>Position / Job Title</b>               |                    |         |
| Executive Director            | Program Coordinator                       |                    |         |
| <b>Phone</b>                  | <b>Phone</b>                              |                    |         |
| (306) 123-4567                | (306) 123-1234                            |                    |         |
| <b>Email</b>                  | <b>Email</b>                              |                    |         |
| janesmith@email.com           | johndoe@email.com                         |                    |         |
| <b>Fax</b>                    | <b>Fax</b>                                |                    |         |
| (306) 123-7654                | (306) 123-7654                            |                    |         |

## ELIGIBILITY REQUIREMENTS

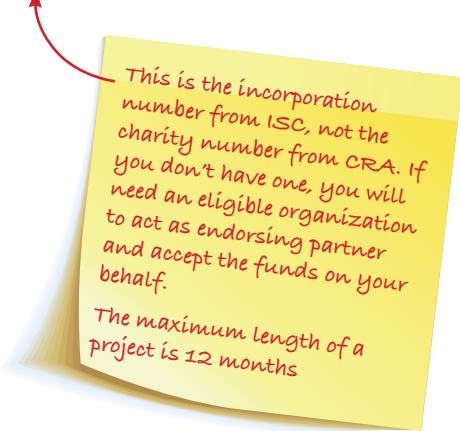
Nonprofit organizations incorporated in Saskatchewan are eligible for Community Initiatives Fund grants. If the applicant is an unincorporated community group, an eligible organization must accept the funds on their behalf. (Refer to Program Guidelines or [www.cifsask.org/grants/eligibility](http://www.cifsask.org/grants/eligibility) for further information).

### Is the organization incorporated?

**Yes**

Provide the Saskatchewan incorporation number.

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 1 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|



**No**

Provide the name of the organization that will administer funds on behalf of the applicant.

Indicate the relationship between the applicant and this organization.

- Administering Funds Only
- Parent Organization Associated With Committee/Group
- Program Delivery Partner
- Other

The Endorsing Partner has agreed to:

- Accept and distribute project funds according to the project as approved by the Community Initiatives Fund
- Acknowledges and accepts the responsibility for ensuring that all obligations and conditions relating to the grant are met

## PROJECT INFORMATION

### Community Initiatives Fund Funding Objectives

Indicate the CIF objectives that your project will address. *Select only one Primary objective and up to three other Additional objectives.*

| Primary                          | Additional                       | Funding Objectives                                   |
|----------------------------------|----------------------------------|--|
| <input type="radio"/>            | <input type="radio"/>            | Healthy growth and development of children and youth |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | Individual, family and community wellbeing           |
| <input type="radio"/>            | <input type="radio"/>            | Supportive and inclusive communities                 |
| <input type="radio"/>            | <input checked="" type="radio"/> | Community engagement and capacity building           |

### Funding Priorities

From the list below indicate the priority areas that your project will address. *Select all that apply.*

| Healthy growth and development of children and youth  | Individual, family and community wellbeing  |
|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Early childhood development</li> <li><input checked="" type="radio"/> After school/weekend program</li> <li><input checked="" type="radio"/> Summer camp/recreation program</li> <li><input type="radio"/> Community-school partnership</li> <li><input checked="" type="radio"/> Youth engagement/volunteerism/leadership development</li> <li><input type="radio"/> Youth programming</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Increasing physical activity levels</li> <li><input type="radio"/> Family support programming</li> <li><input type="radio"/> Problem gambling awareness, education and prevention program</li> <li><input type="radio"/> Addictions awareness, education and prevention program</li> <li><input type="radio"/> Violence and bullying awareness, education and prevention program</li> </ul> |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>✓ Program that promotes and encourages adoption of healthy life styles</li> <li>✓ Reducing barriers to enable access and participation</li> </ul>   |
| <i>Supportive and inclusive communities</i>   | <i>Community engagement and capacity building</i>  |
| <ul style="list-style-type: none"> <li>o Community centennial</li> <li>o Organization anniversary</li> <li>o Other community, organization or historical milestone event</li> <li>o Program or event specific to Aboriginal culture, identity, teachings</li> <li>o Festival or event showcasing Saskatchewan artists, artisans, performers</li> <li>o Festival or event celebrating diversity, cultural or intergenerational understanding,</li> </ul> | <ul style="list-style-type: none"> <li>✓ Initiative that encourages volunteerism, community participation and leadership</li> <li>✓ Training and support for individuals to become community leaders</li> <li>o Training for staff and/or volunteers of nonprofit organizations</li> <li>✓ Initiative that supports increased collaboration between nonprofits and others</li> </ul> |

Projects that are ongoing, like this one, still need to indicate a start and end date. The start date must be at least two months after the application deadline you are applying to.

|   |   |                         |                   |
|---|---|-------------------------|-------------------|
| <b>Project Title</b>  | <i>Inclusive Social Club</i>  |                         |                   |
| <b>Project Start Date</b>   | <i>2016/12/01</i>   | <b>Project End Date</b> | <i>2017/11/30</i> |
| <b>Location(s) of Project Activities</b> <i>(communities, facilities)</i> | <i>Various locations within Anytown such as the recreation centre, church hall, shopping mall, and sporting venues.</i> |                         |                   |

**Executive Summary of Project** *(maximum 500 words)* Provide a brief summary of the project that may be used as a project description for our grant adjudication and communication purposes.

*The Anytown Centre for Inclusion and Learning works to reduce barriers facing young adults with complex physical disabilities. We create opportunities through our Inclusive Social Club, the Teaching and Learning Centre, the Summer Literacy Program, and Path to Future Endeavours.*

*The Inclusive Social Club is led by five vibrant young adults with and without disabilities that plan and carry out monthly social, recreational, and physically active events for young adults with complex physical disabilities, volunteers, and the entire community. Our staff work with, and mentor, the planning team to increase their leadership skills and to develop program planning skills (assessing, planning, promoting, implementing, and evaluating). The team actively recruits and orientates volunteer university students to assist with event implementation.*

*Two events are offered, the largest event is an adapted hip-hop initiative held monthly. The second event changes monthly, is typically scheduled on weekends or in the evenings, and can include a variety of activities such as barbeques, sports events, bowling, and holiday celebrations.*

**Project Objectives** Briefly describe the community and the issue your project is designed to address. If the project has been offered before, briefly describe the results and any changes that have been made to the project to improve outcomes for participants.

The Inclusive Social Club aims to address three issues. First is to reduce the multitude of barriers that young adults with disabilities encounter to participate in community social activities. Through program education and participation, barriers such as lack of knowledge and social ineffectiveness will be reduced. By providing events that are truly accessible and free of charge, environmental barriers can also be decreased.

Second is the lack of opportunities for adults with complex disabilities to actively engage in leadership opportunities, gain employment skills, and to participate in the community in a meaningful way. Through working with and mentoring the five member team, we plan to support young adults in gaining experience and developing leadership skills.

Finally, the social club is an opportunity for all young adults in the community to develop skills, participate in community activities and work alongside their peers.

Notice that the Project Objectives talks about issues, challenges, and expected outcomes for participants, not the activities

**If the project has been offered before, briefly describe the results and any changes that have been made to the project to improve outcomes for participants.**

The Inclusive Social Club has been ongoing for three years. Each year our members complete surveys and we continue to see them become more engaged and less isolated which leads to healthier lives. The number of new and returning members has increased each year. In the past two years we have went from 20 members to 45, and we are projecting over 50 in the coming year. As well, many volunteers have reported that the experience has improved their skills and added to their education. The only change this year is the addition of a hip-hop dance class once a month, which is based on the feedback received from our members.

**Describe who will participate in and/or benefit from the project.**

Young adults with and without a disability in our community benefit from the program. Those with disabilities have the opportunity to be active and included while participating in community events, socializing with current friends, meeting new friends, and increasing their recreational and physical activity knowledge and skills. Their diverse abilities are valued and they have the opportunity to contribute. Those without disabilities that participate have the opportunity to form meaningful relationships, and gain volunteer experience and skills.

**Select the age of the audiences who will benefit from your project.** *Select all that apply.*

- |  |  |
|--|--|
| <input type="radio"/> Children 0 – 5 years | <input type="radio"/> Children 6 – 11 years          |
| <input type="radio"/> Teens 12 – 16 years  | <input checked="" type="radio"/> Youth 17 – 25 years |
| <input checked="" type="radio"/> Adults    | <input type="radio"/> Older adults (55+ years)       |

**Identify the demographics of the participants and/or beneficiaries.** *Select all that apply.*

- Female
- Male
- First Nations
- Metis
- Newcomers to Canada
- Urban Residents
- Rural Residents
- Pre-school Students
- Elementary Students
- Junior/High School Students
- Post-secondary Students
- Community Volunteers
- Nonprofit Board Members/Volunteers
- Nonprofit Staff
- Other Individuals with disabilities

**Where will participants and/or beneficiaries come from?** *Select all that apply.*

- School(s)
- Neighbourhood(s)
- Town/City
- Town/City and Surrounding Area
- Region
- Province
- Out-of-Province
- Other \_\_\_\_\_

**Identify any of the following characteristics that may apply to the participants and/or beneficiaries.** *Select all that apply.*

- Living in poverty
- Single parents
- Unemployed/underemployed
- Gang-related/justice system involved
- Physical disabilities
- Cognitive/intellectual disabilities
- LGBTTTQA
- Homeless/Sub-standard housing
- Mental illness
- Chronic health condition
- Overweight/obese
- Vulnerable/At-risk
- Isolated socially/geographically
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Which of the following focus areas will be included in the project?** *Select any/all that apply.*

- Employment skills/preparation
- Nutrition/food security
- Academic achievement/support
- Arts and culture, theatre, music
- Sport and recreation
- Social inclusion and social supports
- Health and wellness
- Crime reduction
- Reducing discrimination/racism
- Personal choices/coping skills
- Housing supports
- Public awareness/education
- Research/evaluation
- Aging independence
- Transportation supports

**At what level will the project or event primarily occur?**

- Individual
- Family
- Community

**How often will participants take part in the project?**

- One-time event
- Monthly
- Daily
- Other Twice a month
- Weekly

### Project Activities and Timelines

Indicate the primary or major types of activities that will occur to carry out the project and their anticipated start and end dates.

| Activity Description  | Start Date | End Date  |
|---|------------|-----------|
| One recreational event per month. Light meal provided   | Dec 1/16   | Nov 30/17 |
| One hip-hop/break dance class per month. Light meal provided  | Dec 1/16   | Nov 30/17 |
| Monthly mentorship sessions with the planning committee   | Dec 1/16   | Nov 30/17 |
| Recruitment/orientation/training meetings and workshops with volunteers                               | Dec 1/16   | Nov 30/17 |
| Evaluation meetings held with planning committee, participants and volunteers mid-way through project | June 1/17  | June 8/17 |
| Program evaluation at the end of the project.   | Nov 23/17  | Nov 30/17 |
|   |            |           |
|   |            |           |
|   |            |           |
|   |            |           |

This is an important step that shows the committee reviewing the application that you have a well thought out plan for your project.

### Expected Results

Estimate the number of people that will participate and/or benefit from the project. **60**

Describe the expected outcomes, benefits, or results that participants will gain from their involvement in the project.

30-40 Members with disabilities will have access to monthly social and recreational activities as well as monthly hip-hop dance classes. Friendships, increased confidence, and social capacities will increase, all of which contributes to self-reliance and empowerment.  
 2-3 members with disabilities will build employment and leadership skills through mentorship.  
 10-20 young adults (primarily individuals without disabilities) will gain experience in community inclusion by assisting with events and forming meaningful relationships with peers with disabilities.

How will you measure and evaluate the overall success of your project? How will you evaluate the results experienced by participants?

A questionnaire will be completed by all participants at the beginning, midway, and end of the project. This will ask for their feedback on their enjoyment of the activities, but also on how they feel their social skills and inclusion in the community have changed.  
 We will also hold focus groups three times throughout the year with current and potential members as well as volunteers to discuss how inclusive their schools, workplaces, and public spaces are. This information will help us to determine if members are seeing a change to a more inclusive community, and where more work is needed.  
 Finally, we will track attendance at each event so we know how many people are attending and returning to our events.

### Recognition of the CIF

If a grant is awarded, describe how you will recognize the Community Initiatives Fund.

The CIF will be recognized as a supporter in our quarterly newsletters, social media (Facebook and Twitter), website, and advertising materials.

Evaluation is an important piece that shows how you will report on the outcomes you achieve in your final report, and can help secure future funding if you are successful.

## BUDGET INFORMATION

Provide all estimated revenues that will support the project. Indicate for each applicable revenue source(s) the budgeted amount and if the revenue is confirmed or pending.

| Revenue Source(s)                     | \$ Amount        | Confirmed | Pending |
|---------------------------------------|------------------|-----------|---------|
| Municipal Government (RM, Town, City) | 5,500            | ●         | ○       |
| Provincial Government                 |                  | ○         | ○       |
| Federal Government                    |                  | ○         | ○       |
| Community Development Corporation     |                  | ○         | ○       |
| United Way/Community Foundation       |                  | ○         | ○       |
| Corporate/Business Sponsorship        | 1,100            | ●         | ○       |
| Registration Fees                     |                  | ○         | ○       |
| Fundraising                           |                  | ○         | ○       |
| Donations                             |                  | ○         | ○       |
| Other                                 |                  | ○         | ○       |
| Community Initiatives Fund Request    | 14,500           | ○         | ●       |
| <b>Total Revenue Budget</b>           | <b>\$ 21,100</b> |           |         |

Provide all estimated Expenses for the project. Indicate the expenses that CIF is being requested to support, and the amount of the request.

| Expense Item                | Description   | \$ Expense      | \$ CIF          |
|-----------------------------|---|-----------------|-----------------|
| Staff Salaries/Benefits     | Part time Program Coordinator                                 | 7,200           | 6,000           |
| Instructor Fees             | Hip Hop Dance Instructor                                      | 2,000           | 1,500           |
| Entertainment               | DJs for special nights  | 500             | 500             |
| Project Supplies            | Craft/activity supplies                                       | 1,200           | 400             |
| Equipment Rental            |   |                 |                 |
| Facility Rental             | Bowling alley, rec centre, other venues for weekly activities | 1,200           | 1,200           |
| Advertising/Promotion       | Posters and ad in local newspaper                             | 250             | 150             |
| Volunteer Recognition       | Volunteer appreciation lunch                                  | 250             | 0               |
| Food/Nutrition              | Healthy snacks at each event                                  | 1,800           | 1,050           |
| Other                       | Transportation of participants                                | 1,200           | 800             |
| Overhead                    | Office rental, utilities, supervision, insurance, supervision | 6,000           | 2,900           |
| <b>Total Expense Budget</b> |   | <b>\$21,600</b> | <b>\$14,500</b> |

The Budget column for an expense item should include the total cost to the program, and the Request to CIF column is how much CIF funding you plan to use for that expense, which could be the whole amount or just a portion.

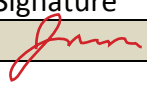
It is very important that Revenues match Expenses, and the request to the CIF is the same in both!



*In-kind contributions and volunteer involvement indicate support from your community. Make sure you include it here, and not in the budget.*

| Other Contributions   |  |              |
|---|--|--------------|
| Will any in-kind goods or services be contributed to the project? <input checked="" type="radio"/> Yes <input type="radio"/> No   |  |              |
| If yes, indicate the type(s) of contributions and approximate value.  |  |              |
| Contributor   | Description of Contribution                                      | \$ Value     |
| <i>Local businesses</i>   | <i>Gift cards, books, movies, etc. for door prizes at events</i> | <i>300</i>   |
| <i>Local sports teams and culture organizations</i>   | <i>Free tickets/entrance fees to events</i>                      | <i>1,200</i> |
|   |  |              |
|   |  |              |
|   |  |              |
| Will volunteers be involved in planning and/or delivery of the project? <input checked="" type="radio"/> Yes <input type="radio"/> No   |  |              |
| If yes, indicate the approximate number of volunteers.  |  | <i>20</i>    |
| Provide a brief description of how the volunteers will be involved in the project.  |  |              |
| <i>Volunteers will assist with the planning and execution of each monthly event and dance class. There will also be volunteers paired with program participants to support them in successfully engaging in each event.</i> |  |              |

### APPLICANT DECLARATION

|  |  |
|--|--|
| To complete your application, you must confirm that you understand and agree with all of the following statements. |  |
| <input checked="" type="checkbox"/>  | I have carefully read and understand the eligibility criteria for this program as described in the application Guidelines, and I confirm that the organization I represent meets these criteria. |
| <input checked="" type="checkbox"/>  | I understand that the organization I represent is not eligible to apply to this program until any outstanding Final Reports for CIF grants have been submitted and approved.                     |
| <input checked="" type="checkbox"/>  | I accept the conditions of this program and agree to accept the CIF Board's decision.  |
| <input checked="" type="checkbox"/>  | I confirm that to the best of my knowledge the statements in this application are complete and accurate.   |
| <input checked="" type="checkbox"/>  | I agree that the organization I represent will return a portion or all of the funding if the project is not carried out as described in the application.   |
| <input checked="" type="checkbox"/>  | I agree that a completed Final Report including financial verification will be provided to CIF within 60 days of completion of the project.  |
| <input checked="" type="checkbox"/>  | I have printed / downloaded a copy of our completed application.   |
| Name of Authorized Representative <i>(please print)</i>  | Position   |
| <i>Jane Smith</i>  | <i>Executive Director</i>  |
| Signature  | Date   |
|                                 | <i>October 1, 2016</i>   |

Complete and submit your application on-line at [www.cifsask.org](http://www.cifsask.org).