

Vital Community Grants 2018

Community Foundation of Greater Peterborough

A. ORGANIZATION CHARITABLE STATUS

Please provide a URL link to your charity's listing on the CRA Charities Listing website*

Applicants must be a CRA qualified donee (follow link for definition of qualified donee). If you are not sure of your status, please call the Community Foundation.

To find the URL: Go the CRA Charities Listing website, search your organization's name, click on the link, copy the URL and paste it here.

For example, this is our page Community Foundation of Greater Peterborough

Character Limit: 2000

B. PROJECT INFORMATION

Project Name*

Character Limit: 100

If you had \$5,000 to strengthen community connections, how would you spend it?*

Please answer this question in a single precise sentence. Your answer will be used by the Community Foundation when referring to the project on social media, on the website or at presentations. (500 characters)

Character Limit: 500

1. Please provide details about your project.*

What are you planning to do and how are you going to do it? (10,000 character max).

Character Limit: 10000

2. How does this project strengthen community connections?*

In the fall of 2017, **Vital Conversations** brought more than 700 people together to talk about our community, and generate action ideas. **Strengthening community connections** emerged as the top priority. How does your project help further that goal? (5,000 characters)

Character Limit: 5000

3. Project Outcomes*

How will you know if your project is successful? What kind of information will you use to help determine success? (5,000 characters)

Character Limit: 5000

4. How do you know there is a need for your project?

Provide your rationale and point to any research, data, examples or feedback that may have led you to consider this work. (5,000 characters)

Character Limit: 5000

5. Who is responsible for this project, and what skills or experience do they bring to the task?*

Briefly describe the relevant staff or volunteer roles that will be involved in the planning and implementation of your project. (1,000 characters)

Character Limit: 1000

6. Who does your project benefit?*

Be specific, for example, seniors in the City of Peterborough, youth in Selwyn, neighbours in the North End. Don't forget to include volunteers and staff! (250 characters)

Character Limit: 250

7. What area of Greater Peterborough is served by this project?*

Please select all that apply.

Choices

Asphodel-Norwood
Cavan Monaghan
City of Peterborough
Curve Lake FN
County of Peterborough
Douro-Dummer
Havelock-Belmont-Methuen
Hiawatha FN
North Kawartha
Otonabee South Monaghan
Selwyn
Trent Lakes

8. When will the project start or the event be held?*

Character Limit: 10

9. When will the project be completed?*

All projects should be completed by August 31, 2019.

Character Limit: 10

C. PROJECT COSTS AND REVENUE

What amount are you requesting from the Community Foundation?*

Grants up to \$5,000 may be awarded.

Character Limit: 20

Project Budget*

The project's budget **MUST** be completed on the Project Budget Template provided by Community Foundation **or the application will be rejected**. Please download the budget form from our Grant Seekers webpage and save it to your computer.

Upload the completed Project Budget Template below (xlsx format please):

File Size Limit: 2 MB

DECLARATION

By completing this application I confirm that*

1. I am authorized by the organization indicated to submit this application
2. To the best of my knowledge all information provided is accurate and complete
3. I consent, as the named contact, to receive electronic communication with the Foundation through the email address provided and/or be available to discuss further details via telephone should any questions arise regarding the application.
4. I agree that the Foundation may collect and use any information contained in the application and has the permission to publish or use the organization's name and any of the project details without further authorization.
5. I am aware that the organization must comply with all requirements set forth by the Foundation if awarded a grant for the project or program.

By clicking "Submit" below, this acts as an electronic signature indication that you have read the above Declaration and that you agree.

Choices

Yes

BEFORE YOU GO...

Approximately how long did it take you to complete this application?*

Nearest quarter hour please, for example, 1.25 hours

Character Limit: 20

How easy did you find the set up process to get started with the application?*

1-Very difficult 2 - a bit tricky 3 - neutral 4 - quite easy 5 - very easy

Scoring Options: 1 - 5

Which part of the application did you find most difficult to complete? why?

(500 characters)

Character Limit: 500

What would you change about the application process?

(250 characters)

Character Limit: 250

If you had one wish....

Putting Vital Signs and strengthening community connections aside, if the Community Foundation could wave a magic wand and grant your organization **one wish** (value less than \$1,000), what would you ask for and why? (500 characters)

Character Limit: 500