



# Community Grants Program Part 1 - Letter of Intent

For internal use only.

Date: \_\_\_\_\_

LOI# \_\_\_\_\_

## A. About your Organization

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Ontario, Canada Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Year Established: \_\_\_\_\_

Mandate (mission)

Please describe how your organization has a strong presence in our geographic area  
(*through a local board, local committee, or an active local office/branch*).

Please indicate which one of the following applies:

☐ Our organization is a charity registered with Canada Revenue Agency

Registration Number: \_\_\_\_\_ OR

☐ We have formally partnered with a registered charity or municipality to deliver this project

(Note: you must attach a signed Confirmation of Partnership Agreement form)

Name of Charity/Municipality: \_\_\_\_\_

Contact at Charity/Municipality: \_\_\_\_\_ Phone: \_\_\_\_\_

Registration Number of Charity: \_\_\_\_\_ E-mail: \_\_\_\_\_

## B. Contact Person for this Grant

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Email: \_\_\_\_\_

We would like to keep in touch – Please check here so we can (or can continue to) communicate with you electronically

☐ I consent to receiving electronic messages from the Community Foundation for Kingston & Area

## C. About your Project

**C1.** Project Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Event Date (if applicable): \_\_\_\_\_

**C2.**

<b>Summary from Budget Template</b>	
<b>Note: These numbers must match the corresponding field in your budget</b>	
a. Total Project Costs	\$
b. Approved Other Grants	\$
c. Pending Other Grants	\$
d. Estimated HST Rebate	\$
e. In-Kind Other Services	\$
f. Requested from CFKA	\$
g. Percentage of Total Costs Requested from CFKA	%

**C3.** Geographic Area(s) Served by this Project (select all that apply):

- ☐ City of Kingston
- ☐ South Frontenac
- ☐ Central Frontenac
- ☐ North Frontenac
- ☐ Loyalist Township
- ☐ Frontenac Islands
- ☐ Cataraqui River Watershed (*eligible for environmental projects only*)
- ☐ Lennox & Addington (*eligible for children's mental health projects only*)

**C4.** Main Field of Interest (select the one that best applies):

- ☐ Arts & Culture
- ☐ Heritage Preservation
- ☐ Health & Social Services
- ☐ Community Development
- ☐ Recreation
- ☐ Youth
- ☐ Education & Literacy
- ☐ Environment
- ☐ Children's Mental Health

**C5. Smart & Caring Community priorities** (see website for info): Projects that also align with our current *Smart & Caring* priorities will be given special consideration when CFKA allocates unrestricted funds.

Does your project align with one of our *Smart & Caring* priorities? ☐ Yes ☐ No

If so, which one?

- ☐ Getting Started
- ☐ Food Security
- ☐ Community Engagement

## D. Project Details

**D1.** Is your project a(n):

- ☐ Pilot Project
- ☐ Expansion of an existing project or program to a new demographic
- ☐ Addition of a new feature to an existing project or program
- ☐ Enhancement of your organization's capacity (e.g. purchase of equipment or supplies, training)
- ☐ Existing program delivered to new individuals

**D2.** Please summarize your project, its anticipated impact, and how the Community Foundation for Kingston & Area's funds will be used. (100 words or less)

**D3.** Complete only if you answered "yes" to C5, otherwise simply put N/A.

How will your project make a measurable impact in one of our Smart & Caring Community priority areas?

**D4.**

How many persons in total will benefit from this project? \_\_\_\_\_

Of this number, how many are youth under 18? \_\_\_\_\_

**D5.** How does this project address a local need/interest?

**D6.** How did you assess this need/interest?

**D7.** Why are you confident that your organization has the capacity to carry out this project?  
(e.g. *financial & human resources, expertise*)

**D8.** If applicable, list any partnerships you have formed to carry out this project.

**D9.** Please tell us what excites you about this project.

(You are invited to attach up to a maximum of 2 pages of additional materials that would help us appreciate your project. e.g. testimonials, photos, survey results.)

## E. Authorization

**Authorization: To be approved by two officers with signing authority from your organization indicating awareness of and support for this Letter of Intent & Budget.**

(Note: if your organization is *not* a charitable organization DO NOT complete this section, but instead complete and attach a signed Confirmation of Partnership Agreement form AND a list of your local board or committee members.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I have the authority to bind the organization

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* I have the authority to bind the organization

Please Note: All Letters of Intent involving activities with primary and/or secondary schools must be accompanied by a Letter of Permission from the relevant School Board(s).

## Checklist

Please check off the following to confirm you have:

- ☐ Read the Eligibility Criteria as listed on CFKA website
- ☐ Read the LOI Guidelines on CFKA website
- ☐ Answered all questions and did not leave any blanks  
(Put “no” or “not applicable” or “zero” instead of leaving an empty space)
- ☐ Attached a copy of the Proposed Project Budget using the template provided
- ☐ Double checked all budget figures for accuracy and ensured that expenses and revenue balance
- ☐ Made sure all five copies of the LOI have been signed (photocopied signature is okay)
- ☐ Made sure all final reports and actual project budgets for all completed CFKA projects have been submitted (if applicable), understanding that overdue final reports will result in the LOI being disqualified
- ☐ Understood that the project cannot start before board approval, approximately 10 weeks after the LOI deadline

If applicable to your project, confirm you have also:

- ☐ Attached a maximum of two pages of additional materials
- ☐ Attached school board letter(s) for any project involving schools/school time
- ☐ Attached at least two quotes from vendors/suppliers for purchases over \$500

*If using a partner charity or municipality, confirm you have:*

- ☐ Completed and attached the Confirmation of Partnership form
- ☐ Attached a list of our local board or committee members

I verify that I have read and agree with the above, have followed all instructions and have included all applicable documents. **I understand that failure to submit according to these criteria will render my Letter of Intent ineligible.**

Name of Grant Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Deadline: 4:30pm, February 9, 2017**

Please prepare **one original, signed copy** and **four exact photocopies**  
and submit in **hard copy** to our office:

Community Foundation for Kingston & Area  
165 Ontario Street, Suite #6  
Kingston, ON K7L 2Y6

Please use double-sided printing when possible.  
Cover letters are not needed.

### **Thank you for your Letter of Intent.**

We will be in touch about 3 weeks after the LOI deadline to advise if you are invited to move to Part 2 of the application process by inviting you to submit a full application form.

**Late or incomplete applications will be disqualified. There will be no exceptions to this policy.**

### **G. Please Help Us Improve Our Grant Process**

Please provide any feedback you have on this form or the application process:

