## FORM E

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| Section 1: Applicant Information |
| Organization Name |  |
| Mailing Address |  |
| City/Town |  |
| Postal Code |  |
| Website |  |
| Primary Contact for this application |  |
| Name |  |
| Title/Role |  |
| Phone  |  |
| Email |  |

|  |  |
| --- | --- |
| Q. 1.1 | For applicants outside the CFKA geographic catchment area, please explain / describe your organization’s local presence (*e.g. through a local board, local committee, or an active local office/branch/chapter)* **and** how the funds will be spent in the Kingston Area*. (200 words)* |
|  |  |
| Q. 1.2 | We are a qualified donee (such as a registered charity, Canadian amateur athletic association, municipality, First Nation or other municipal or public body performing a function of government in Ontario). If yes, please provide your charitable number below. **OR** |
|  |  |
| Q. 1.3 | We have formally partnered with a registered charity or municipality to deliver this project.(Note: you must attach a signed Confirmation of Partnership) |
|  | Name of Charity/Municipality |  |
|  | Registration Number  |  |
|  | Contact at Charity/Municipality |  |
|  | Phone |  |
|  | Email |  |
| SECTION 2: Project Overview |
| Q.2.1 | Project Title |  |
| Q.2.2 | Amount Requested |  |
| Q.2.3 | Geographic Area(s) served by this project (select all that apply):[ ] City of Kingston [ ] North Frontenac[ ] South Frontenac [ ] Loyalist Township[ ] Central Frontenac [ ] Frontenac Islands[ ] Cataraqui River Watershed (eligible for environmental projects only) [ ] Lennox & Addington (eligible for children’s mental health projects only) |
| Q.2.4 | Main Field of Interest*Pick the one that best fits your project*: *CFKA uses this information for tracking purposes only - your choice will not affect the success or funding of your project.* [ ] Arts & Culture [ ] Children’s Mental Health [ ] Community Development [ ] Education & Literacy[ ] Environment[ ] Health & Social Services [ ] Heritage Preservation[ ] Recreation [ ] Youth  |
| Section 3: Capital/equipment expenditure |
| Q.3.1 | What will CFKA funds be used for? (200 words) |
|  |  |
| Q.3.2 | What local need/interest does this project address? (200 words) |
|  |  |
| Q.3.3 | Please describe the anticipated impact of a successful project. (200 words) |
|  |  |
| Q.3.4 | How many persons in total do you anticipate will directly benefit through active participation in this project? |  |
| Q.3.5 | Of this number, how many are youth under 18? |  |
| SECTION 4: Authorization |
|  | Authorization: To be approved by two officers with signing authority from your organization indicating awareness of and support for this Application & Budget. (Note: if your organization is not a charitable organization you MUST also complete and attach a signed Confirmation of Partnership Agreement form AND a list of your local board or committee members.) |
|  | Name\*:\*I have the authority to bind the organization |  |
|  | Title:  |  |
|  | Signature: |  |
|  | Date: |  |
|  |  |  |
|  | Name\*:\*I have the authority to bind the organization |  |
|  | Title:  |  |
|  | Signature: |  |
|  | Date: |  |