## 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 |  |

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| 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: | | | |  |