## **Form O**

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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 | Please describe your organization’s mandate/mission. (100 words) |
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| Q. 1.2 | 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 Kingston & Area*. (200 words)* |
|  |  |
| Q. 1.3 | 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.  |
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| SECTION 2: Project Overview |
| Q.2.1 | Project Title |  |
| Q.2.2 | Amount Requested |  |
| Q.2.3 | Start Date  |  |
| Q.2.4 | End Date |  |
| Q.2.5 | Event Date (if applicable) |  |
| Q.2.6 | 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.2.7 | 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: Operational |
| Q.3.1 | Please describe the existing project, program, or initiative for which you are requesting a grant. (200 words) |
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| Q.3.2 | How did you assess this local need/interest? Briefly describe any local research or background rationale. (200 words) |
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| Q.3.3 | How has COVID-19 affected your ability to deliver this project, program, or initiative? Please be as specific as possible. (300 words) |
|  |  |
| Q.3.4 | Does your project involve any partners?  | [ ] Yes [ ]  No |
| Q.3.5 | If, YES, please list partner(s) with roles (i.e.: planning, delivery, evaluation, referrals) |
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| Q.3.6 | Please tell us what excites you about this project. (200 words) |
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| Q.3.7 | Please describe the anticipated impact of a successful project. (200 words) |
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| Q.3.8 | How many persons in total do you anticipate will directly benefit through active participation in this project? |  |
| Q.3.9 | Of this number, how many are youth under 18? |  |
| Q.3.10 | How will you measure the success of your initiative? Briefly describe how this program will be evaluated, including the tools that will be used. (200 words) |
|  |  |
| Q.3.11 | What will CFKA funds be used for? Please be specific, (i.e., to pay for project coordinator, supplies, hall rental, etc. Include partial allocations (i.e..50% of supplies). Point form is acceptable. (200 words) |
|  |  |
| Q.3.12 | What is the total annual cost to your organization to deliver this project, program, or initiative? |  |
| SECTION 4: 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: |  |