

COMMUNITY GRANT APPLICATION

Applications close April 5th at 11:59 pm



Cambridge & North Dumfries Community Foundation

Pre-Application

Eligibility Check

Thank you for your interest in our Community Grants program. Please take the time to go through the list of eligibility criteria before you begin your application:

Status as a registered charitable organization or municipality. Applicants who are not registered charitable organizations must establish a Partnership Agreement with a [Qualified Donee](#), this can be a Registered Charity or Municipality. CNDCF requires a partnership agreement form signed by representatives of both non-charity and Qualified Donee. Please print and complete this [form](#) and attach a scanned copy to your application form.

Proposed program/project is NOT for any of the following:

- conference attendance,
- religious or political purposes,
- team or club sponsorship / membership,
- deficit reduction/ general operating expenses,
- scholarship or fellowships,
- tours or travel outside the community,
- fundraising campaigns,
- funding organizations that fund others

*The agreement must already be signed prior to this Community Grant application.

Does your proposal meet all of the above criteria? *

Yes

No

PART 1A: Your Organization

Organization Name *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What is your organization's mission and mandate ? *

Applicants who are not registered charitable organizations must establish a Partnership Agreement with a [Qualified Donee](#), this can be a Registered Charity or Municipality. CNDCF requires a partnership agreement [form](#) signed by representatives of both non-charity and Qualified Donee.

Please print and complete this [form](#) and attach a scanned copy to your application form.

Sponsoring Municipality or Charity:

Sponsoring Charity Name:

Registered Charity Number *

PART 1B: Application Lead Contact Information

The Lead Contact is the person we can connect with for a discussion about your proposal during the review process.

First Name *

Last Name *

Position (Your role in the organization) *

Lead Contacts have knowledge and direct connection to the program/project presented in this proposal.

E-mail *

example@example.com

Phone Number *

Area Code Phone Number

Permission to Apply *

I have permission from my Superior to apply for a CND CF Community Grant.

A grant reviewer will be in touch to chat with you about your proposal. Please indicate on the box below your available schedule between April 12th -April 29th (review period). *

PART 2A: Grant History

Is this the first time you have applied for a CNDCF Community Grant for this specific program/project? *

Yes

No

How many years has CNDCF funded this program/project? Please specify the year(s). Ex: 3 years; 2005, 2007, 2008 *

PART 2B: Scope of Proposed Program/Project

Please select the area your program/project serves: *

Cambridge

North Dumfries

Both Cambridge and North Dumfries (50/50)

Please select the statement that best describes your organization. *

Registered charitable organization

Local Not-For-Profit sponsored by a registered charity or municipality

Project Category --- you may select a maximum of two (2) categories. *

Arts & Culture (includes: heritage and multiculturalism)

Children & Youth in Recreation

Children & Youth at Risk

Early Literacy

Environment

PART 2C: Your Program/Project in Detail

Proposal Type *

Program delivery/development OR program resources
Pilot project
Equipment purchase
Community Event
Campaign/Awareness

Program/Project Title *

Amount Needed: *

Community grants can only disburse a max. amount of \$2500. However, should you not receive full funding your application will be added to our Granting Opportunities List for donor-advisers whose interests align with your proposal for additional funding.

Grant Request Amount: *

Describe your program/project in 100 words or less --- What will you be doing? (This may be used in our communications with donors). *

0/100

If this is a recurring program/project, please describe any new element(s) that will be added this year. Write N/A if it's a new project. *

5. What is your primary target age group? *

- Children & Youth
- Adults
- Seniors
- All of the above

6. Approximately how many people would benefit from your program/project? *

- 5-10
- 11-20
- 21-50
- 51-100
- Above 100

Project/Program Timeline *

- This is (currently) a one-time project.
- This project/program is always ongoing.
- This project/program is seasonal (i.e. summer event).
- This project/program is only offered by demand.

Project Start Date *



Month Day Year

Completion/End Date *



Month Day Year

How did you determine the need for this program/project? *

How does your project fit the overall mandate of your organization? *

PART 3: Desired Outcomes

To help us get a better picture about your proposed program/project, please provide the following details below.

Desired Short-Term Results *

Desired Long-Term Impact *

Activities --- Significant activities that will lead you to your desired results (Please include possible venues for the activities) *

PART 4: Collaboration & Financial Capacity

How will you know you have achieved your desired short-term and long-term results? Please show quantitative and qualitative measures you intend to use. *

Briefly describe any collaboration with other organizations for this program/project (i.e. other funding sources, volunteer resource, venue partnerships, etc.). *

0/250

In addition to the funds requested, how else may the Community Foundation support you in reaching your goals? *

0/250