

COMMUNITY GRANT PROGRAM APPLICATION FORM



Application Deadline *(select one)*

April 1 - Annual
 October 1 – Annual
 February 1 - Summer

Type of Grant *(select one)*

Annual Local *(\$25,000 maximum)*
 Summer Local *(\$5,000 maximum)*
 Annual Provincial *(\$50,000 maximum)*
 Summer Provincial *(\$10,000 maximum)*

Region Where Project Will Be Delivered *(select one)*

To determine the correct region refer to the map at www.cifsask.org/grants/apply-here.

North
 Provincial *(select one below)*
 Central
 The project will occur in more than one region.
 South
 Project participants will come from more than one

Grant Request \$

APPLICANT INFORMATION

(Please provide your responses in the shaded areas.)

Organization		
Address		
Community		Postal Code
Primary Contact Person		
Position / Job Title		
Phone		
Email		
Fax		
	Alternate Contact Person	
	Position / Job Title	
	Phone	
	Email	
	Fax	

ELIGIBILITY REQUIREMENTS

Nonprofit organizations incorporated in Saskatchewan are eligible for Community Initiatives Fund grants. If the applicant is an unincorporated community group, an eligible organization must accept the funds on their behalf. (Refer to Program Guidelines or www.cifsask.org/grants/eligibility for further information).

Is the organization incorporated?

Yes

Provide the Saskatchewan incorporation number.

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No

Provide the name of the organization that will administer funds on behalf of the applicant.

Indicate the relationship between the applicant and this organization.

- Administering Funds Only
- Parent Organization Associated With Committee/Group
- Program Delivery Partner
- Other

Endorsing Partner Information

Mailing Address:

Community:

Contact Person:

Position/Job Title:

The Endorsing Partner has agreed to:

- Accept and distribute project funds according to the project as approved by the Community Initiatives Fund
- Acknowledges and accepts the responsibility for ensuring that all obligations and conditions relating to the grant are met

PROJECT INFORMATION

Community Initiatives Fund Funding Objectives

Indicate the CIF objectives that your project will address. *Select only one Primary objective and up to three other Additional objectives.*

Primary	Additional	Funding Objectives
<input type="radio"/>	<input type="radio"/>	Healthy growth and development of children and youth
<input type="radio"/>	<input type="radio"/>	Individual, family and community wellbeing
<input type="radio"/>	<input type="radio"/>	Supportive and inclusive communities
<input type="radio"/>	<input type="radio"/>	Community engagement and capacity building

Funding Priorities

From the list below indicate the priority areas that your project will address. *Select all that apply.*

<i>Healthy growth and development of children and youth</i>	<i>Individual, family and community wellbeing</i>
<ul style="list-style-type: none"> o Early childhood development o After school/weekend program o Summer camp/recreation program o Community-school partnership o Youth engagement/volunteerism/leadership development o Youth programming 	<ul style="list-style-type: none"> o Increasing physical activity levels o Family support programming o Problem gambling awareness, education and prevention program o Addictions awareness, education and prevention program o Violence and bullying awareness, education and prevention program o Program that promotes and encourages adoption of healthy life styles o Reducing barriers to enable access and participation
<i>Supportive and inclusive communities</i>	<i>Community engagement and capacity building</i>
<ul style="list-style-type: none"> o Community centennial o Organization anniversary o Other community, organization or historical milestone event o Program or event specific to Aboriginal culture, identity, teachings o Festival or event showcasing Saskatchewan artists, artisans, performers o Festival or event celebrating diversity, cultural or intergenerational understanding, 	<ul style="list-style-type: none"> o Initiative that encourages volunteerism, community participation and leadership o Training and support for individuals to become community leaders o Training for staff and/or volunteers of nonprofit organizations o Initiative that supports increased collaboration between nonprofits and others

Project Title		
Project Start Date		Project End Date
Location(s) of Project Activities <i>(communities, facilities)</i>		

Executive Summary of Project *(maximum 500 words)* Provide a brief summary of the project that may be used as a project description for our grant adjudication and communication purposes.

Project Objectives Briefly describe the community and the issue your project is designed to address. If the project has been offered before, briefly describe the results and any changes that have been made to the project to improve outcomes for participants.

If the project has been offered before, briefly describe the results and any changes that have been made to the project to improve outcomes for participants.

Describe who will participate in and/or benefit from the project.

Select the age of the audiences who will benefit from your project. *Select all that apply.*

- Children 0 – 5 years
- Children 6 – 11 years
- Teens 12 – 16 years
- Youth 17 – 25 years
- Adults
- Older adults (55+ years)

Identify the demographics of the participants and/or beneficiaries. *Select all that apply.*

- Female
- Male
- First Nations
- Metis
- Newcomers to Canada
- Urban Residents
- Rural Residents
- Pre-school Students
- Elementary Students
- Junior/High School Students
- Post-secondary Students
- Community Volunteers
- Nonprofit Board Members/Volunteers
- Nonprofit Staff
- Other _____

Where will participants and/or beneficiaries come from? *Select all that apply.*

- School(s)
- Neighbourhood(s)
- Town/City
- Town/City and Surrounding Area
- Region
- Province
- Out-of-Province
- Other _____

Identify any of the following characteristics that may apply to the participants and/or beneficiaries. *Select all that apply.*

- Living in poverty
- Single parents
- Unemployed/underemployed
- Gang-related/justice system involved
- Physical disabilities
- Cognitive/intellectual disabilities
- LGBTTQA
- Homeless/Sub-standard housing
- Mental illness
- Chronic health condition
- Overweight/obese
- Vulnerable/At-risk
- Isolated socially/geographically
- Other _____
- Other _____
- Other _____

Which of the following focus areas will be included in the project? *Select any/all that apply.*

- Employment skills/preparation
- Nutrition/food security
- Academic achievement/support
- Arts and culture, theatre, music
- Sport and recreation
- Social inclusion and social supports
- Health and wellness
- Crime reduction
- Reducing discrimination/racism
- Personal choices/coping skills
- Housing supports
- Public awareness/education
- Research/evaluation
- Aging independence
- Transportation supports

At what level will the project or event primarily occur?

- Individual Family Community

How often will participants take part in the project?

- One-time event Daily Weekly
 Monthly Other _____

Project Activities and Timelines

Indicate the primary or major types of activities that will occur to carry out the project and their anticipated start and end dates.

Activity Description	Start Date	End Date

Expected Results	
Estimate the number of people that will participate and/or benefit from the project.	
Describe the expected outcomes, benefits, or results that participants will gain from their involvement in the project.	
How will you measure and evaluate the overall success of your project? How will you evaluate the results experienced by participants?	
Recognition of the CIF	
If a grant is awarded, describe how you will recognize the Community Initiatives Fund.	

SAMPLE

BUDGET INFORMATION

Provide all estimated revenues that will support the project. Indicate for each applicable revenue source(s) the budgeted amount and if the revenue is confirmed or pending.			
Revenue Source(s)	\$ Amount	Confirmed	Pending
Municipal Government (<i>RM, Town, City</i>)		o	o
Provincial Government		o	o
Federal Government		o	o
Community Development Corporation		o	o
United Way/Community Foundation		o	o
Corporate/Business Sponsorship		o	o
Registration Fees		o	o
Fundraising		o	o
Donations		o	o
Other		o	o
Community Initiatives Fund Request			
Total Revenue Budget	\$		

Provide all estimated expenses for the project. Indicate the expenses that CIF is being requested to support, and the amount of the request.			
Expense Item	Description	\$ Expense	\$ CIF
Staff Salaries/Benefits			
Entertainment			
Project Supplies			
Equipment Rental			
Facility Rental			
Advertising/Promotion			
Volunteer Recognition			
Food/Nutrition			
Other			
Other			
Overhead General overhead expenditures up to a maximum of 20% of the approved grant amount are eligible.	Overhead costs include items such as supervision, accounting fees, administration, insurance, rent, repairs, office supplies, telephone, utilities, and fundraising expenses. Invoices or receipts for overhead costs are not required to claim overhead expenses, but are only allowed under this category.		
Total Expenses Budget		\$	\$

Other Contributions		
Will any in-kind goods or services be contributed to the project? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the type(s) of contributions and approximate value.		
Contributor	Description of Contribution	\$ Value
Will volunteers be involved in planning and/or delivery of the project? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the approximate number of volunteers.		
Provide a brief description of how the volunteers will be involved in the project.		

APPLICANT DECLARATION

To complete your application, you must confirm that you understand and agree with all of the following statements.	
<input type="radio"/>	I have carefully read and understand the eligibility criteria for this program as described in the application Guidelines, and I confirm that the organization I represent meets these criteria.
<input type="radio"/>	I understand that the organization I represent is not eligible to apply to this program until any outstanding Final Reports for CIF grants have been submitted and approved.
<input type="radio"/>	I accept the conditions of this program and agree to accept the CIF Board's decision.
<input type="radio"/>	I confirm that to the best of my knowledge the statements in this application are complete and accurate.
<input type="radio"/>	I agree that the organization I represent will return a portion or all of the funding if the project is not carried out as described in the application.
<input type="radio"/>	I agree that a completed Final Report including financial verification will be provided to CIF within 60 days of completion of the project.
<input type="radio"/>	I have printed / downloaded a copy of our completed application.
Name of Authorized Representative <i>(please print)</i>	
Position	
Signature	
Date	

Complete and submit your application on-line at www.cifsask.org.