



Community Places and Spaces Program Sample Application

This sample application is based on a successful Community Places and Spaces Program application. It is designed to assist you in the application process by providing an example of several of the features we are looking for in an application. Please also refer to our Application Guide for further help.

If you have questions, need additional assistance, or have suggestions for improving this example, please contact Rhonda Newton, CIF Grants Administrator at **306.780.9308** or by email at **rnewton@cifsask.org**

COMMUNITY PLACES AND SPACES PROGRAM APPLICATION FORM



Application Deadline *(select one)*

☐ April 1

☒ October 1

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

☒ Central

☐ South

Grant Request *(\$25,000 maximum)* \$ **25,000**

This number needs to match the amount you request in the budget, later in the application.

APPLICANT INFORMATION

(Please provide your responses in the shaded areas.)

Organization

Anytown Arena Association

Address

Box 123

Community

Anytown, Saskatchewan

Postal Code

S0K 1Z0

Primary Contact Person

Mr. John Doe

Position / Job Title

Community Coordinator

Phone

(306) 123-4567

Email

johndoe@email.com

Fax

(306) 123-7654

Alternate Contact Person

Jane Smith

Position / Job Title

Arena Association Board

Phone

(306) 123-1234

Email

janesmith@email.com

Fax

(306) 123-7654

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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If your organization is not incorporated, you can still apply, but you must have an eligible organization act as endorsing partner and accept the funds on your behalf.

☒ No

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

Town of Anytown

Indicate the relationship between the applicant and this organization.

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

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 Additional CIF objective(s) that your project will address.

Primary	Additional	Funding Objectives
✓		Upgrades and renovations to community facilities
	<input type="radio"/>	Improvements to a community facility (hall, museum)
	<input type="radio"/>	Improvements to an outdoor recreation space (parks, playgrounds)
	<input checked="" type="radio"/>	Improvements to sports and recreation facilities (rinks, ball diamonds)
	<input type="radio"/>	Improvements to community historical or heritage facilities
	<input type="radio"/>	Accessibility improvements (wheelchair ramps, lifts, paths)

Project Title

Rink Lobby Renovation

Project Start Date

2014/12/01

Project End Date

2015/09/01

Location(s) Where Project Will Take Place

Anytown, SK

Projects must be completed within 2 years, and the start date should be at least 2 months after the CIF application deadline you are applying to.

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.

The natural ice arena was built in 1975 and has been in operation since that time. There are a number of groups that use the facility such as Anytown Minor Hockey, Anytown Figure Skating Club, Anytown School, and adult recreation teams. The arena requires the following upgrades; lobby ceiling repairs, the washrooms updated to be barrier free, replace the siding and the kitchen needs to be upgraded. Currently the Arena Association Board has undertaken a number of fundraising initiatives that the community has strongly supported.

Notice that the Project Objectives talks about the need for the project in the area, and not the activities.

Project Objectives Briefly describe your community and the issue your project is designed to address.

Our community has limited recreational facilities, and the arena is the only major winter facility, with the closest arena over 40 kms away. In 2005 the shingles were replaced as the community saw the need to keep the facility viable. In order to maintain the rink and make it accessible for everyone in the community, these repairs are necessary.

Describe who will benefit from the project.

Many groups within our community and the surrounding area use the arena including the high school, minor hockey, senior hockey, figure skating, as well as the public. By upgrading the facility, we will be able to continue to provide winter recreation opportunities for everyone in Anytown and area.

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
Repair ceiling in lobby and insulate	December, 2014	February, 2015
Renovate washrooms	March, 2015	June, 2015
Renovate kitchen counters, upgrade electrical and plumbing	March, 2015	June, 2015
Replace siding on the exterior	May 2015	September, 2015

This is an important step that shows the committee reviewing your application that you have a plan to complete your project.

Expected Results	
Estimate the number of people that will benefit from the project.	500
Describe how the community will benefit from the project.	
The town residents and the surrounding rural area will continue to have an affordable recreational facility to participate in activities and maintain a healthy lifestyle during the winter. The rink is also a gathering place and hub of social activity that gets people out of the house in the colder months.	
How will you measure and evaluate the overall success of your project?	
We will be tracking the number of participants in each of the programs that use the facility. As well, we will periodically count attendance at events, and track sales in the kitchen. An increase over past years will indicate that the project has been successful. The largest accomplishment will be the extended life of the rink.	
Recognition of the CIF	
If a grant is awarded, describe how you will recognize the Community Initiatives Fund.	
There will be ads placed in our newsletter, the local paper, and on the town's digital sign thanking all of our funders, including the CIF.	

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
Provincial Government		o	o
Municipal Government (RM, Town, City)	50,000	✓	o
Federal Government		o	o
United Way/Community Foundation		o	o
Corporate/Business Sponsorship		o	o
Fundraising	18,000	o	✓
Donations	5,000	o	✓
Other		o	o
Community Initiatives Fund Request	25,000	o	✓
Total Revenue Budget	\$ 98,000		

It is very important that Revenues match Expenses, and the request to the CIF is the same in both! Remember that the CIF will only pay up to 50% of the total project costs.

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
Contractor Fees	Repair lobby ceiling, renovate bathrooms, paint lobby, replace light fixtures, renovate kitchen	40,000	10,000
Contractor Fees	Electrician to upgrade electrical and install new light fixtures	5,000	
Contractor Fees	Plumber to upgrade plumbing and install new toilets, and a sink in the kitchen	5,000	
Project Supplies	Fixtures, paint, drywall, and insulation	8,000	5,000
Project Supplies	Siding and related supplies	15,000	5,000
Project Supplies	Lights	7,000	
Project Supplies	Toilets, sinks	9,000	
Project Supplies	Commercial kitchen appliances (deep fryer, gas range, walk in freezer)	8,500	5,000
Equipment Rental	Rent scaffolding to install siding	500	
Total Expenses		98,000	25,000

The Budget column for an expense item should include the total cost to the program, and the Request to CIF column is how much CIF funding you plan to use for that expense, which could be the whole amount or just a portion.

In-kind contributions and volunteer involvement indicate support from your community. Make sure you include it here, and not in the budget.

Other Contributions		
Will any in-kind goods or services be contributed to the project? <input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, indicate the type(s) of contributions and approximate value.		
Contributor	Description of Contribution	\$ Value
Anytown Plumbing	Plumbing materials and labour	3000
Local service club	Clean up during and after improvements	1000
Will volunteers be involved in planning and/or delivery of the project? <input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, indicate the approximate number of volunteers.		25
Provide a brief description of how the volunteers will be involved in the project.		
Fundraising, planning of the project, demolition, waste removal, and some installation of siding.		

APPLICANT DECLARATION

To complete your application, you must confirm that you understand and agree with all of the following statements.	
✓	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.
✓	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.
✓	I accept the conditions of this program and agree to accept the CIF Board's decision.
✓	I confirm that to the best of my knowledge the statements in this application are complete and accurate.
✓	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.
✓	I agree that a completed Final Report including financial verification will be provided to CIF within 60 days of completion of the project.
✓	I have printed / downloaded a copy of our completed application.
Name of Authorized Representative <i>(please print)</i>	Position
<i>John Doe</i>	<i>Community Coordinator</i>
Signature	Date
<i>[Signature]</i>	<i>2014/09/28</i>

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