

Community Grants Program - 2021 Application

Please complete this form for requests of up to \$25,000

The City of Cambridge recognizes the value community organizations provide in improving the health, lifestyle and community wellbeing of Cambridge residents. Funding through this program will be aligned with the City of Cambridge Strategic Plan and will provide support to not-for-profit organizations to deliver programs or services that benefit the quality of life of Cambridge residents.

Conditions

1. Applicants must be a volunteer group and/or non-profit organization
2. Grant funds must be used to provide for the benefit of the City of Cambridge community.
3. The organization must carry valid public liability insurance in the amount of \$2 million with the City named as an additional insured and provide proof of insurance as requested.
4. Organizations must be in compliance with all applicable legislation, regulations and bylaws for the Government of Canada, the Province of Ontario, and the City of Cambridge. (e.g. Accessibility for Ontarians with Disabilities Act (AODA), Ontario Human Rights Code, Occupational Health & Safety Act).
5. Successful applicants who receive funding from the Community Grants Program are requested to report on how funding was spent and what impact the funding achieved (Form D). This report should be submitted to the City of Cambridge with your application for funding for 2021. Please complete as much of the form as possible.
6. All applications must be submitted with supporting documentation as noted on page 3 of the application, incomplete or late applications will not be considered.

Guidelines

1. In accordance with the City of Cambridge Community Grants Policy # C-10.080, all information should be completed in the space provided. Additional pages can be added if space is required.
2. Priority will be given to applications that address identified current needs that strengthen the City of Cambridge community and enhance the quality of life of residents.

3. Grants will not be eligible for the following as outlined in the Policy:
 - to cover operating deficits or debts
 - programs/services that are not aligned with the City of Cambridge's strategic plan, Cambridge Connected: Our Voice. Our Vision.
 - programs/services that are the same as those provided by the City of Cambridge
 - organizations that acts as a funding body, or make grants to another organization;
 - for religious or political purposes
 - for individuals / personal profit
 - for educational institutions
 - for government agencies (ie: Municipal, Provincial, Federal, County, Region)
 - organizations that are not in good financial standing with the City of Cambridge
4. Approval of a grant in one year does not guarantee funding for future year(s), applications are required annually.
5. Application must be signed by two (2) authorized signing officers of the organization.
6. The contact person noted on the application will be the person the City of Cambridge staff communicate with to address questions and outcome of application.

Application Time Frame

Application Opens:	November 23, 2020
Application Deadline:	January 8, 2021 4:30pm
Council Approval:	February
Funds Received:	March

Collection of Personal Information

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of making decisions about grant allocations, reporting on statistics about the grant program and evaluating the grant program. If you have questions about the collection, use and disclosure of this information, please contact the City of Cambridge Clerks department.

Please review this checklist prior to submitting your application.

Application form signed by two (2) authorized signing officers.

Your application must be accompanied by one (1) copy of the following documents. If you are unable to provide any of the following information, please attach a letter indicating the reason the information is not available. (check all that apply):

Audited financial statements for the previous year **OR** complete 'Form A – Operating Budget Financial Statement'

Operating budget for your organization's operating year in which funds received would be utilized, budget should include a line item to show your grant request **OR** complete 'Form B – Operating Budget'

Reserve Accounts **OR** complete 'Form C – Reserve Accounts'

List of officers / organizing committee, including names, town/city of residence and number of years on committee

List of Board of Directors (if applicable), including names town/city of residence and years of service on the Board. Please indicate who is serving Executive positions

Banking information for account in which funds will be deposited to if your application is approved

Submit by: January 8, 2021

Please submit your application to one of the below options:

The City of Cambridge, Finance Division

Online: Submit through new Grant Funding Portal

Drop Off: City Hall, exterior drop box, 50 Dickson Street, Cambridge

By mail: City of Cambridge, 50 Dickson Street, Cambridge, ON N1R 5W8

*If sending by mail, please consider mailing time and/or delays.

For more information, contact Tyler Harding,

Phone: 519-740-4681, ext. 4768

Email: cfo@cambridge.ca



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PART A – APPLICANT INFORMATION

1. Name of Organization:

2. Contact Information:

Name:

Title:

Address:

City/Town:

Postal Code:

Phone:

Email:

Website:

Total Funding Request: \$

This application is being submitted to the 2021 City of Cambridge Community Grants Program

I have reviewed the City of Cambridge Community Grants Program Policy and the entire application submission. All information provided is accurate to the best of my knowledge and understanding. As a signing officer for the organization, I certify that we, the undersigned, have been authorized to make this application on behalf of the organization.

Two (2) signing officers must sign application.

Print Name:

Signature:

Position:

Date:

Print Name:

Signature:

Position:

Date:

PART B – ABOUT YOUR ORGANIZATION

Mission Statement or Purpose of Organization

Membership/Organization Statistics (please provide information as applicable)

Number of Executive/Board of Directors:	
Number of paid staff in your organization: <i>(do not duplicate with Executive/Board of Directors)</i>	
Participants/Members:	
Seniors 55+	
Adults 18+	
Youth (under 18)	
Total participants	
Number of volunteers:	

Which category best describes your organization:

- Social services
- Recreation and sport
- Arts, culture, events
- Neighbourhood association
- Civic & leisure interests

History of Organization *May include, but not limited to: Founding date, whom and area it serves, programs offered, staff/volunteers, membership, any other relevant information*

PART C – GENERAL INFORMATION

1. Is your organization a volunteer and/or not profit organization? Yes / No
2. Are the majority of participants in your program residents of the City of Cambridge? Yes / No
3. Does your organization act as a funding body to any other organization / group? Yes / No
4. Does your organization have registration / membership fees? Yes / No
If yes, please provide details (ie. Cost per participant)

5. To the best of your knowledge, does your organization duplicate the services of the City of Cambridge? Yes / No
If yes, please explain.

6. Briefly describe how your organization considers itself accessible to persons with disabilities.

PART D – FUNDING REQUEST

1. Please select the category of assistance that you are applying for

- Operating funds
- Start-up funds
- Training and development funds
- Special project funds
- Capital funds

2. Describe what your organization is seeking funding for and how the grant will be used.

3. Who will benefit from this funding and how?

4. What effect would there be on your organization if you are unsuccessful with your grant application?

5. For those organizations that received funding in the previous year, did your organization spend the grant funding for the purpose for which it was intended?

Yes / No *(If no, please explain why)*

PART E – FINANCIAL INFORMATION

1. If you have not attached audited financial statements, an operating budget and reserve account information, please complete Form A, B and C attached.
2. Does your organization have a deficit projected in 2021? Yes / No
If yes to the above, please provide an explanation: what is the intended use of any surplus funds or what are your plans to reduce your deficit?

3. Does your organization extend its services to one or more area municipalities in the Region? Yes / No

If yes, please indicate if you have applied for Regional funding and/or which other municipalities you have applied for funding from. If you have not applied to other municipalities, please provide an explanation.



PART F – LINK TO CITY OF CAMBRIDGE STRATEGIC OBJECTIVES

Please select from the below drop down menus to indicate how your organization/programs align with the goals and objectives outlined in the City of Cambridge’s Strategic Plan.

The Objective selected should be from a subset of the Goal selected. For example, if you select Goal #2, the Objective should be 2.1 – 2.5.

Briefly highlight the objective and how it will be achieved.

