

## Community Grants Program - 2022 Application

**Please complete this form for requests of \$25,000 or more**

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. The organization shall have a location and/ or physical presence in Cambridge and the majority of participants in the program/service must be residents of the City of Cambridge. The organization must extend its services to the general public in Cambridge as described in the Ontario Human Rights Code.
3. The organization must carry valid public liability insurance 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 must report on how funding was spent and what impact the funding achieved (Form D). This report must be submitted to the City of Cambridge in November of the year grant funding is received. Please complete as much of the form as possible.
6. Organizations must be in good standing with the City and submit all documentation required as noted in page 3 of the application; incomplete or late applications may not be considered.
7. Applicant organizations must have an active Board of Directors that is independent from Senior Staff. Applications will only be considered from the Board of Directors or the Executive Committee of an organization.
8. Organizations are required to keep accurate volunteer and participant records and the organization must carry out volunteer screening and other risk management measures to help ensure volunteer and public safety.

## Guidelines

1. In accordance with the City of Cambridge Community Grants Policy # A09 FIN 004, 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:
  - Operating or capital deficits
  - Programs/services not aligned with the City of Cambridge's Strategic Plan
  - Programs/services that are the same as those provided by the City of Cambridge
  - Invitational or discretionary travel
  - Travel or training associated with team tryouts
  - Uniforms for sport teams
  - Beautification projects (with the exception of Horticultural Societies)
  - Flow-through funding (where the intent is to directly redistribute funds to others, for example, bursaries or scholarships)
  - Debt retirement, depreciation or deficit funding
  - Retroactive funding (activities or costs incurred before grant approval)
  - Duplication of funding received or requested from another funding organization or level of government
  - Activities that could be deemed discriminatory as defined by the Ontario Human Rights Code
  - Activities whose purpose is to promote religious doctrine or are being led by a person whose mandate includes the promotion of religious doctrine
  - Political and/or advocacy activities
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:	September 30, 2021
Application Deadline:	November 30, 2021
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 and operating budget for the year in which the funding will be used **OR** complete 'Form A – Operating Budget Financial Statement'

Operating budget for increase/decrease >10% 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'

Form D Optional 2021 Grant Funding Reporting Outcomes (if funding was received in 2021).

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: November 30, 2021



**Please submit your application to:**

The City of Cambridge, Finance Division

**Online:** Submit through new Grant Funding Portal, [www.cambridge.ca/GrantsOver25](http://www.cambridge.ca/GrantsOver25)

**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](mailto:cfo@cambridge.ca)



## Community Grants Program - 2021 Application Form

**Please complete this form for requests of \$25,000 or more**

### PART A – APPLICANT INFORMATION

1. Name of Organization:

2. Contact Information:

Name:

Title:

Address:

City/Town:

Postal Code:

Phone:

Email:

Website:

Is this application for multi-year funding? (Please note that multi-year applications are capped at 3 years).      Yes/No

If you have selected yes above and are requesting multi-year funding, please explain what the multi-year funding request is for and why it will span multiple years. Please note that multi-year funding requests may only be considered where there is an ongoing program commitment and not to guarantee funding in future years without an annual application.

If you answered yes to the above question please provide the funding requested for each of the years below. If you answered no, please only complete the total funding line (Note only the total funding request must be equal to or greater the \$25,000 - the per year amount may be lower):

Year 1:

Year 2:

Year 3:

Total Funding Request: \$



**This application is being submitted to the 2022 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

Not-for-profit organizations that further the interests and prosperity of the City of Cambridge

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)*

## How does your organization promote itself to the community?

### PART C – GENERAL INFORMATION

1. What was the date of your last annual general meeting?

*Please attach a copy of the minutes of your last AGM. If you are not able to include this information please provide an explanation below:*

- |   |          |
|---|----------|
| 2. Is your organization a volunteer and/or not profit organization?   | Yes / No |
| 3. Are the majority of participants in your program residents of the City of Cambridge?                                     | Yes / No |
| 4. Does your organization act as a funding body to any other organization / group?  | Yes / No |
| 5. Does your organization have registration / membership fees?<br>If yes, please provide details (ie. Cost per participant) | Yes / No |



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

7. 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 2022? 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 Goal selected should be from a subset of the Theme selected. For example, if you select Theme #2, the Goal should be 2.1 – 2.3.

**Briefly highlight the objective and how it will be achieved.**

## **PART G – OTHER INFORMATION**

**1. How will you evaluate your project/activity and measure the success?**

*(Include a minimum of three (3) metrics that you will report on to measure your success. e.g. X# individuals experience increased social participation; X# young people have increased life skills; X# resident community groups are supported to contribute to neighbourhood solutions and ideas; X# participants manage mental health and addiction concerns)*

**2. What (if any) are your fundraising activities/sponsorship plans for the upcoming year? (Include anticipated income)**