



City of
Peterborough

City of Peterborough
Community Services Department
Community Grants Program
500 George Street North, Peterborough,
ON K9H 3R9
(705) 742-7777 Ext 1822
email: communitygrants@peterborough.ca

**THIS IS FOR REFERENCE ONLY, TO PROVIDE THE
QUESTIONS ON THE APPLICATION.
APPLICATIONS MUST NOW BE SUBMITTED USING THE
ONLINE FORM**

**2012 COMMUNITY INVESTMENT GRANT (\$1,000-\$15,000)
SAMPLE APPLICATION FORM**

The information provided in this application will be reviewed by a number of City of Peterborough personnel in collaboration with Community Investment Grant Advisory Committee members. All information will remain confidential.

CONDITIONS OF GRANT

The applicant hereby agrees to allow the City Treasurer, or his delegate, to examine any records of the applicant to ascertain that the funds granted by the City to the applicant have been properly expended for the purposes herein described.

No grant will be made retroactively to fund deficits or shortfalls. Commitments made by an applicant prior to, or in anticipation of official written notification that a grant has been approved are done at the applicant's risk. In the event that an application is rejected, the City will not be responsible for expenditures already incurred.

I/WE certify that the information in the application is true and correct, **INCLUDING FIGURES SUBMITTED ON THE FINANCIAL INFORMATION FORM.**

Authorized Signatures:

_____	_____
President/Chair	Date
_____	_____
Treasurer/Other Principal Officer	Date

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, all information gathered will be used for the purpose of selection of applicants for community grants. The applicant hereby consents to disclosure of information contained in this submission, pursuant to The Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C.M. 56. If an applicant proponent believes that all or part of the submission should be protected from release, the relevant sections should be clearly marked as confidential. This shall not automatically protect a submission from release, but shall assist the City in making a determination on release if a Freedom of Information request is made. The identity of successful applicants as well as the community grant level of funding awarded may be available to the public on the City website.

1. Organization Information

Name & Address of Organization: _____

Website: _____ No support material (brochures, etc.) will be accepted.

Number of Years Organization has been in Operation: _____

Charitable Status Number: _____

Not-for-Profit Incorporation Number: _____

Contact Person's Name, Telephone #, Fax and email: _____

2. Check one only. Requesting: 1-year funding 3-year funding

3. City Funding Priorities (must meet 1 or more)

Check those priorities that your program/service/activity meets:

- Enhance and protect human health and well-being
- Preserve and protect the City's built and cultural heritage and the natural environment
- Enhance the City as a creative community by developing, promoting and providing access to arts, culture and heritage
- Enhance the City as a sports and recreational leader by promoting and providing access to physical, recreational and leisure activities
- Contribute to a sustainable local economy by forming creative partnerships within sectors, across sectors, and with the local business community

4. Funding Streams

Choose the **ONE** sector that **best** represents your organization's area of involvement:

- | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Recreation | <input type="checkbox"/> Social Services | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Sports | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Heritage | | | |
- (one box only)**

5. Participant Priorities

Check off any groups below that are included in your organization's target population:

- | | |
|---|---|
| <input type="checkbox"/> People with low incomes, at risk, isolated or marginalized | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Neighbourhood Associations | <input type="checkbox"/> Families with Children |

6. Funding to be used for: (select ONE)

- Project (a specific event or activity)
- Program (a series of related events or activities, e.g. Education Program)
- Operating (City contribution to annual operating budget)

Please respond to the following questions in the online application. There is a limit of 4000 characters per response unless otherwise stated.

7. **Organizational Mandate:** Please state your organization's mandate/purpose.
8. **Annual Program:** Please describe your annual program of activities or services in the current fiscal year.
9. **Use of Previous Year's Grant Money:** If approved last year, how was the Community Grant funding used?
10. **Previous Year's Funding Amount:**
11. **Number of Clients Previous Year's Project Served:**
12. **Purpose of Funding:** Describe how the requested funds will be used in your fiscal year.
13. **Need:** Explain how your organization's proposed activity or service will fill an identified need in this Community. What percentage of your activities are within the City limits?
14. **Support:** What other Community support (funding, partnerships, in-kind) do you have for this activity/service?
15. **Participants:** How many people do you expect to serve through this project or service this year (audience/ clients)?
16. **Number of Clients Project Serves:**
17. **Fees/Prices:** Is there a charge for your proposed project or services? Please indicate price range and/or structure.
18. **Evaluation:** How will you measure the success of your proposed project or service?
19. **Volunteers:** Describe the role of volunteers involved in your organization.
20. **Number of Volunteers:**
21. **Summary of Your Request:** Please describe how you would like your request worded in the public report requesting funding approval from Council (twenty five words or less).
22. **Recognition:** If successful, how will you formally recognize the City's contribution?
23. **Board Members**
Provide a list of Board members' names, addresses, positions on the Board, numbers of years on the Board, phone numbers, and occupations.

CITY OF PETERBOROUGH 2012 APPLICATION FOR COMMUNITY INVESTMENT GRANTS Financial Information Form				
1	ORGANIZATION NAME: _____	Previous Fiscal Year		Request Year
		From: _____ (m/yr)		From: _____ (m/yr)
		To: _____ (m/yr)		To: _____ (m/yr)
		2011 BUDGET	2011 ACTUAL	PROJECTED for 2012
1	REVENUE			
2	Grant funding from the City of Peterborough (request can be up to 33% of total budget)			
3	Federal funding (Specify source)			
4	Provincial funding (Specify source)			
5	Other Organizational funding (Specify source)			
6	Trillium funding			
7	Donations			
8	Fund raising (Total revenues)			
9	Earned Revenue (fees charged, rental income, net GST rebate etc.)			
10	Other- (Specify source)			
11	**TOTAL REVENUE			
12	EXPENDITURES			
13	Staff costs: Salaries/Benefits			
14	Administration costs: phone/ FAX/ internet, office expenses, equipment, postage.			
15	Facility costs: rent/mortgage, repairs & maintenance, taxes, insurance, utilities, computers, repairs, sheds, wheelbarrows, tools, etc.			
16	Program Costs: materials & supplies, printing, postage, promotion, subsidies, honorariums, artists' fees.			
17	Expenses: bank charges, interest, legal fees, audit fees, dues, membership costs, GST expense, bad debts			
18	Fund-raising expenses			
19	Travel & Professional development			
20	Other – (Specify source)			
21	TOTAL EXPENDITURES**			

2012 Investment Grant Application – Financial Information Form

ORGANIZATION NAME: _____

	Previous Year Surplus or Deficit at Beginning of the year _____	2011 Budget	2011 Actual	Projected for 2012
22	Budget Summary			
23	Surplus (or deficit) at the beginning of your fiscal year (if any)			
24	Projected /actual surplus (or deficit) for your fiscal year			
25	Projected accumulated surplus (or deficit) at the end of your fiscal year			

Surplus/Deficit Explanation

Please use the following space to explain any of the following that apply: Reason for surplus, plan for deficit reduction, in-kind donations.

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