

CITY OF KINGSTON HEALTHY COMMUNITY FUND APPLICATION

Administered By
UNITED WAY serving KFL&A

2010 APPLICATION CHECKLIST

Please ensure that **all** of the following are included in your submission. Please **do not** put your application under a cover or put a title page on the front of the document. Please note that additional information (brochures, reference letters, posters) will not be considered part of your application nor reviewed. Therefore, submit only the required information. If we need more information, we will contact you.

**Application deadline is September 23, 2010 at 3:00 pm, to be submitted to
United Way serving KFL&A, 417 Bagot Street, Kingston, ON K7K 3C1**

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|--|--------------------------|
| PART 1: Healthy Community Fund Project Overview | <input type="checkbox"/> |
| PART 2: Organization Information | <input type="checkbox"/> |
| PART 3: Project Details (no more than 5 typed pages single-spaced, single-sided, 12 pt font) | <input type="checkbox"/> |
| PART 4: Partnership Information (attach letters, if applicable) | <input type="checkbox"/> |
| PART 5: Project Budget | <input type="checkbox"/> |
| PART 6: Organization's Year End Financial Statements & Board List | <input type="checkbox"/> |
| PART 7: Signatures | <input type="checkbox"/> |

Submit Original + 4 Photocopies of All of the Above
Application and copies should be individually stapled and then clipped together.



Part 1: PROJECT OVERVIEW

Healthy Community Fund Category:

Sports & Recreation

Heritage

Community Development

Amount Being Requested from Healthy Community Fund: \$_____

Healthy Community Fund Project Name:_____

Project Start Date:_____ Project End Date:_____

Legal Name of Delivery Organization/Group: _____

Mailing Address of Delivery Organization/Group:_____

Contact Person for this Application: _____

Phone #: _____ Fax #: _____ Email: _____

(please include day time phone # if it is different from the organization's contact information)

Part 2: ORGANIZATION INFORMATION

1. How many years has your organization been serving the Kingston community? _____

2. What is the mission / mandate of your organization/group?:

3. Provide a brief overview of the goals of your organization/group:

4. What community need does your organization address?:

5. Briefly describe your organization's greatest accomplishments over the past five years:

6. Is your Organization a non-profit in the Province of Ontario and/or a registered charity with Canada Revenue Agency? YES NO

If yes, provide documentation showing year that it became a non-profit organization.

If it is a 'registered charity' please provide the Charitable Registration #: _____

If **no**, please provide the following information about the **Sponsoring Organization**:

Legal Name of Sponsoring Organization: _____

Sponsoring Organization's Charitable Registration # _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Email: _____

Contact Person for Sponsoring Organization: _____

Part 3: PROJECT DETAILS

Please provide us with the following information about your proposed project.

Total Healthy Community Fund Project Budget (including Funds from all Sources): \$ _____

Please tell us:

1. What are the main goals/objectives of the project and how do they align with the mission/mandate of your organization?

2. What local issue will be addressed?

3. Why is this project needed in Kingston?

4. How was the need for this project identified? Briefly describe any local research or background rationale that supports the project need in Kingston (note research documents):

5. How does this project meet the objectives of the Healthy Community Fund?

6. What are the timelines and milestones for this project? (Note: projects cannot begin prior to December 1/10 and not until an agreement is duly signed.)

ACTIVITIES & OUTCOMES:

1. Who will be served by this project? Please explain:

2. Briefly list the activities that will make up this project:

3. How will the success of this project be measured? What outcomes/benefits are expected to be achieved as a result of this project for individuals participating in this project or for the community as a whole?

4. Please identify the indicator(s) that will be used to track the outcome(s) and explain how you will know that individuals/community members have gained new skills, knowledge, etc. as a result of this program/project?

Indicators are the specific item of information that tracks a program's success on an outcome. It identifies the characteristic or change that signals that an outcome has been achieved. It is observable and measurable.

PROGRAM EVALUATION:

1. Briefly describe how this project will be evaluated. What tools will be used to track & measure project outcomes?

2. If this project is going to continue beyond the Healthy Community Fund grant period, how will the project activities be sustained?

Part 4: PARTNERSHIP INFORMATION

One of the goals of the Healthy Community Fund is to encourage partnerships across and within the sectors in the community. In some cases the project may be a collaborative of several agencies working together with one agency taking the lead. In other cases, organizations and groups are supporting the project by:

- providing funding to the project;
- providing in-kind support to the project (i.e. use of office space, staff supervision, equipment etc.)

For each agency or organization already committed to being involved in this project, please attach to this application a letter signed by them indicating what their role and contribution to the project will be. Please note these are not simply letters of support. They are letters that explain the commitment of each partner to the success of the project being proposed.

Part 5: PROJECT BUDGET

List all items related to your project in the most appropriate categories below.

ITEM	TOTAL EXPENSES*	INCOME				
		Income Requested from HCF	Income from Other Sources **		In-Kind Contributions ***	
			Confirmed	Potential	Confirmed	Potential
Salaries/Benefits (Project Staff)						
Administration (Rent, phone/fax, office supplies, accounting, insurance, project supervision)						
Training						
Project Supplies						
Program Equipment						
Evaluation						
Printing/Advertising						
Travel/Transportation						
Minor Capital						
Other (Specify)						
TOTAL ****						

*On a separate page please itemize all costs over \$1,000 and provide budget notes that explain the details of these costs (e.g. salary \$7200 = 30 hours/week @ \$12 hour x 20 weeks; or Equipment \$1200 = 1 computer/printer). Remember "Administration" category total must not exceed 20% of total costs.

**Please include donations, sponsorships, grants and other financial assistance. Attach documentation for any confirmed amounts.

*** Include your own contributions to the project and those in-kind contributions from other partners. Attach documentation for confirmed contributions from others.

**** Your total expenses should balance with the total of all income and contributions

Part 6: AUDITED FINANCIAL STATEMENTS & LIST OF BOARD MEMBERS

- The most recent audited Financial Statements of the applicant or sponsoring organization (whichever is applicable) must be submitted with your application.
- Please provide a list of the current Board members of the applicant or sponsoring organization (which ever is applicable).

BOARD OF DIRECTORS

Fill in the table below or attach list

FULL NAME	POSITION ON BOARD	# OF YEARS ON THE BOARD	OCCUPATION & NAME OF ORGANIZATION

Month of Annual General Meeting: _____

Part 7: SIGNATURES

This application must be signed by an official signing officer from your organization and sponsoring organization (if applicable). Applications will not be accepted without original signatures.

“I have read the guidelines for the Healthy Community Fund and respectfully submit this project proposal for review. I understand that the final funding decisions rest with the Council for the City of Kingston. I also understand that if our organization is successful in obtaining a grant that a contract will be entered into between us and the United Way serving Kingston, Frontenac, Lennox and Addington prior to commencing the project or incurring any expenses.”

Name & Position of Signing Officer for Applicant Organization (print):

Name & Position: _____

Signature: _____ Date Signed _____

If Project is Being Sponsored by another Organization:

Name & Position of Signing Officer for Sponsor Organization (print):

Name & Position: _____

Signature: _____ Date Signed _____