



DUFFERIN COMMUNITY FOUNDATION

2019 Mini-Grant Application

See *2019 Mini-Grant Guidelines* (attached)

| Deadline for Mini-Grant Applications | | |
|--|---|-------|
| Applications must be received no later than | August 12, 2019 | 10 pm |
| Applications may be submitted | | |
| Electronically | PDF addressed to info@dufferincommunityfoundation.ca | |
| OR Mailed, to arrive on or before August 12 | Attn: Debbi Goss Dufferin Community Foundation 246372 Hockley Road Mono, Ontario L9W 6K4 | |
| Inquiries about submission <i>Please provide a call-back number</i> | info@dufferincommunityfoundation.ca | |
| Please note: there shall be no deadline extensions | | |

| A. Contact Information | |
|------------------------|--|
| Application Date: | |
| Organization Name: | |
| Complete Address: | |
| Phone: | |
| Email address: | |
| Website/URL: | |
| Contact name: | |

B. About Our Organization

| | | |
|---------------------------------------|---|---|
| B. About Our Organization | | |
| Mission: | | |
| Focus of Community Need (Select 1): | <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Youth (education, training, mentorship, transportation) <input type="checkbox"/> Seniors (in-home services, transportation) | <input type="checkbox"/> Economic Development (job skills, innovation, research) <input type="checkbox"/> Healthy Living (trails, sports, life skills) <input type="checkbox"/> Human Services (housing, family support, counselling) |
| Founding date: | | |
| Ongoing programs of our organization: | | |
| Charitable status: [See Guidelines] | <input type="checkbox"/> Charity - registration number (mandatory) OR <input type="checkbox"/> Non-profit – required “partnership” letter from qualified donee (e.g., municipal body, registered charity) | |
| Number of paid staff (FTEs): | | |
| 2019 Overall organizational Budget: | \$ | |

| C. About the Existing Project/Program that we selected for this Mini-Grant | |
|---|--|
| Name existing project/program: | |
| Specific need in Dufferin addressed in the project/program: | |
| Objectives: | |
| Project/Program description (without brochures or collateral material): | |
| Location of project/program delivery: | |
| Time frame: | |
| Project/Program Budget for 2019-20: | \$ |
| | |
| | <i>How this project/program represents the values of the Dufferin Community Foundation [See Guidelines for more detail]</i> |
| Best Practices in the Use of Funds | |
| Name and relevant qualifications of project champion: | |
| Ratio of paid to unpaid project team members: | |
| | |
| Major milestones: | |
| | |
| Success/progress Measurement: | Metrics - |
| | Methods – |
| The Power of Many | |
| Number of volunteers: | |
| Collaboration with other charities or non-profits: | |

| Legacy and Leverage | <i>Specific examples, only as they apply to our existing project/program</i> |
|---|--|
| Longer term benefits to user group | |
| Outreach beyond the immediate target group and delivery location (e.g., to broader community, families, volunteers, etc.) | |

| D. How this Mini-Grant will make a difference to our Project/Program within Dufferin | |
|--|--|
| Overall impact: | |
| Outreach (e.g., # of people affected) | |
| Time-lines (e.g., ability to accelerate impact) | |
| Capacity (e.g., growth of staff/volunteers) | |
| Other | |

I have read the *2019 Mini-Grant Guidelines* and approve this submission.

Name and position of authorizing officer

Date