



## **LANARK COUNTY COMMUNITY GRANTS PROGRAM**

The purpose of the Lanark County Community Grants Program is to provide direction in the distribution of taxpayer-funded grants to non-profit groups, and to define Lanark County community grants as "taxpayer-levied funds given to third-party organizations that do not have a signed contract for service with Lanark County."

Grant applications will be evaluated on a number of objectives, reviewed by the Lanark County Community Services Committee and may be awarded to local projects that have a direct impact on the people of our community or an indirect impact by increasing the capacity of organization to initiate and sustain local projects.

Program details, including the application form can be found online at [www.lanarkcounty.ca](http://www.lanarkcounty.ca), under 'What's New.'

Grant applications are due no later than October 31<sup>st</sup>, 2018. The review and approval process will take place in January 2019 by the incoming Council.

Completed applications and/or questions may be addressed to:

Lanark County Clerk's Office  
c/o Leslie Drynan, Clerk/Deputy CAO  
99 Christie Lake Road, Perth, ON K7H 3C6  
Phone: 613-267-4200 ext. 1502  
Email: [ldrynan@lanarkcounty.ca](mailto:ldrynan@lanarkcounty.ca)



Lanark County Community Grants Program

Please complete this application and attach it to your proposal.

Please mail to Lanark County, Clerk's Office, 99 Christie Lake Road, Perth, Ontario, K7H 3C6 or email to clerk@lanarkcounty.ca

Project Contact Person/Organization \_\_\_\_\_
Contact Person: \_\_\_\_\_
Title: \_\_\_\_\_
Address: \_\_\_\_\_
City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sponsoring Organization (if applicable)
Organization
Name of Organization: \_\_\_\_\_
Address: \_\_\_\_\_
City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Funding Request

Are you applying for a i) Project Grant \_\_\_\_\_ Yes or \_\_\_\_\_ No
ii) Program Grant \_\_\_\_\_ Yes or \_\_\_\_\_ No

Under which category: i) Human Services \_\_\_\_\_
ii) Agriculture/Forestry \_\_\_\_\_
iii) Arts/Heritage/Tourism \_\_\_\_\_

Funding History

How long has your group been in existence? \_\_\_\_\_

Are you or your sponsoring body incorporated?

\_\_\_yes \_\_\_no. If yes, please provide documentation with proposal.

Other organizations

Have you applied for or received funding from any other source for this project?
\_\_\_yes \_\_\_no

If yes, please attach letter of confirmation of approval and amount.

1. Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project Budget

Using this format please be specific under expenditures (ie. salaries - what are the positions and level of pay; purchase of service - what does this apply to, etc.).

EXPENDITURES	AMOUNT	
Salaries & Benefits	\$	
Travel Expenses	\$	
Printing/Postage/Office Supplies	\$	
Rent/Utilities/Phone	\$	
Advertising	\$	
Program Supplies	\$	
Purchase Services	\$	
Equipment Lease	\$	
Other (Please specify)		
<b><u>Total Budget</u></b>	<b>\$</b>	
<b><u>Less</u></b> Total funding requested/received from other contributors for this project (list below)	Amount Requested	Amount Received
Name of Organization: <u>Contact Person:</u> <u>Phone #:</u>	-\$	-\$
<b><u>Total funding request from Enhancement Fund</u></b>	<b>\$</b>	

*NOTE: The costs of your project must be kept separate from your group's everyday, ongoing expenses.*

## **PROPOSAL FORMAT**

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Your proposal format **must** include the following information. Do not exceed 4 pages.

### **Background information:**

**1. Mandate or Mission Statement of individual/group.**

(Describe general purpose of your group.)

**2. Clients of the organization.**

(Who are the clients of the organization? Do you target your programs and services to any particular group(s)? How are you going to target this group to participate?)

**3. Your experience working in the project area.**

(Give examples of successful projects you have participated/completed in the past.)

**4. Geographic area served.**

(Describe the geographic area served by your group.)

### **Project Description:**

**1. Project goals and objectives.**

(Describe your project goals and its specific objectives.)

**2. Outline the work plan and timelines of the project.**

(Detail your work plan including the main activities. When will they start and how long will each one take?)

**3. Who will be involved in this project?**

(Identify specific target group. How many paid staff, volunteers? What will they be doing?)

**4. Who will be reached by the project and who will benefit from the project?**

(How many people will be served by your project?)

**5. The partners to be involved in the project.**

(Provide information about the roles/responsibilities/contributions of your partners in this project.)

**6. Evaluation of your project.**

(How will you know if you have been successful? What will you measure or assess to demonstrate this as related to Lanark County objectives? And how? Do you plan on sharing results with others? Relate results of your target group. ie. How many served? Did employment result?)

### **Liability Insurance**

Proof of comprehensive general liability insurance of not less than \$2,000,000 per occurrence must be included with your application.

**Incorporated Status**

Proof of incorporation for your group or sponsoring group must be included with the application.

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**Authorization**

I am authorized to sign this application on behalf of: \_\_\_\_\_  
(Name of group applying)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***All required information must be submitted with proposals before consideration is given to projects.***

**Return Address:**

County of Lanark  
Attention: Clerk's Office  
99 Christie Lake Road  
Perth, ON K7H 3C6

**INTERNAL USE ONLY** Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Application Complete: Yes No \_\_\_\_\_

<b>Lanark County Community Grants Program</b>		
Evaluation Matrix	Total Points	Applicant Score
Builds on existing community strengths and assets	10	
Addresses Service Gaps	10	
Responds to clearly identified local needs and provides demonstrated enrichment of the community	10	
Uses resources efficiently and effectively	10	
Involves meaningful Partnership	10	
Strives for a significant and/or lasting impact	10	
Benefits a wide audience	10	
Shows innovation, creativity and proactive thinking	10	
Shows clear, measureable outcomes	10	
Does not duplicate services	10	
<b>Total Points</b>	<b>100</b>	

Amount Requested: \_\_\_\_\_ Amount Recommended: \_\_\_\_\_

Amount Approved by Council: \_\_\_\_\_