

Community Funding Program – Blank Application

New Application

Select the application type.

Application Type – Community Funding Program

Work Type Community Priority: Connection
 Community Priority: Diversity, Equity, and Inclusion
 Community Priority: Community Safety and Well-being
 Community Priority: Arts, Culture, and Recreation

*See website for detailed description of the Community Priorities -
<https://www.clarington.net/en/recreation-and-tourism/community-funding-program.aspx>

Application Details

Provide a detailed description of your application.

Property Details

Provide address. _____

Program Eligibility

You acknowledge and agree to all program eligibility requirements -
[Declaration and Acceptance of Conditions](#)

Organization Information

Organization Name ***Required field.** _____

Organization Address ***Required field.** _____

Incorporation Number (if applicable) _____

Organization Website (if applicable) _____

Secondary Contact Name (if applicable) _____

Secondary Contact Email Address (if applicable) _____

Secondary Contact Phone Number (if applicable) _____

Board of Directors - President, Chair or Vice Chair (if applicable)

Board of Directors - Others (if applicable)

List the primary program or service provided by your Organization that benefit Clarington residents
***Required field.**

List a second program or service provided by your Organization that benefit Clarington residents

List a third program or service provided by your Organization that benefit Clarington residents

Mission statement of Organization

Project Information

Funding Amount Requested (Maximum \$5000.00) ***Required field.**

Describe your project and how it relates to the Clarington's [Community Priorities](#).

***Required field.**

Sometimes a video can help tell a more complete story. If you feel a video would help describe your organization, your project and the anticipated benefit to the community, please include a link:

What need has been identified by your Organization and how is this project addressing that need?

***Required field.**

Briefly outline any past projects your organization has completed that support your ability to be successful with this project.

Will you have partnerships and / or sponsors (this includes receiving in-kind support)?

***Required field.**

Yes No

Partner Name

Partner Item or Service Provided

What is the total expected number of people that will be administering this project (volunteers, staff, community members, registrants, etc.)? ***Required field.**

How many Clarington residents do you hope to engage through this project? ***Required field.**

Performance Measurement

Identify at least two performance goals for your project to be a success. (ie. number of people engaged, positive participant feedback or hours of service increased).

***Required field.**

Please provide a specific timeline for your project with dates (i.e. consultation, planning, program development, implementation, follow up and evaluation).

***Required field.**

How will the requested funds be spent? Include itemized cost estimates for each aspect of the project.

***Required field.**

Supporting Documents

Financial Document (Required)

Organization Bylaws (Required)

Letter of Support (Not required but will be considered when scoring)