



Community Partnership Program Application

General Information

Funding Period:

GRANTS

January 1, 2024 to December 31, 2024

Application Due Date:

Community Partnership Program Applications must be **received by October 16th,**

2023

Applications received after the deadline will not be considered.

**The Corporation of the Town of
COMMUNITY PARTNERSHIP PROGRAM APPLICATION**

Organization Name: _____

Address: _____

Contact Person: _____

Telephone: _____

Fax: _____

E-mail: _____

RE: (Name of Proposal) _____

Authorized signature _____

Name and Position _____

Yearly Funding Period _____ to _____

CATEGORIES OF REQUEST FOR ASSISTANCE (check appropriate box(es))

Financial Assistance

- | | |
|----------------|--------------------------|
| ▪ Service | <input type="checkbox"/> |
| ▪ Project | <input type="checkbox"/> |
| ▪ Organization | <input type="checkbox"/> |

FUNDING AMOUNT REQUESTED:

DETAILS OF REQUESTS FOR ASSISTANCE:

PROPOSAL SUMMARY:

1. Please provide a clear and concise proposal summary including the goals and objectives of your proposal: (use separate page if required)

2. Please check one subject area for which your organization is requesting funds:

☐ **Tourism/Economic Development**

Organizations that significantly benefit tourism by bringing in non-Town of Cochrane residents into Town of Cochrane

☐ **Community**

Refers to organizations which enable citizens to strengthen the personal or community life of The Town of Cochrane. It also refers to organizations which strengthen neighbourhoods, accessibility, and public involvement in organizations. This category includes quality of life organizations. This category does not include local recreation groups. (ie. sports groups, etc.).

☐ **Art**

Refers to organizations which produce, present, distribute, dedicate and/or encourage the appreciation of and the creation of work in the literary, performing or visual arts.

☐ **Culture and Heritage**

Refers to organizations which represent the creative capacities of citizens or the celebration of racial or ethnic contributions e.g. diversity and multi-culturalism.

Note: Organizers of parades are required to provide liability insurance in the amount of \$2 million.

3. Please describe how your proposal supports the subject area for which you are applying.
If this is a repeat of an application from a previous year, please proceed to question 20.

ELIGIBILITY (If this is a repeat of an application from a previous year, please proceed to question 20)

4. ARE YOU A NON-PROFIT ORGANIZATION? ☐ Yes ☐ No

5. PLEASE PROVIDE YOUR REVENUE CANADA CHARITABLE REGISTRATION NUMBER (If Applicable): _____

6. HAS YOUR ORGANIZATION MADE ANY OTHER APPLICATION TO THE TOWN OF COCHRANE FOR FINANCIAL ASSISTANCE FOR THE CURRENT PERIOD?

☐ Yes ☐ No

IF YES, WHEN? _____
DETAILS _____

7. HAS YOUR ORGANIZATION RECEIVED FUNDING FROM THE TOWN OF COCHRANE IN PRIOR YEARS?

☐ Yes ☐ No

IF YES, HOW MUCH? _____
DETAILS _____

8. WILL YOUR ORGANIZATION OR ANOTHER ORGANIZATION BE THE PRIMARY FUNDER OF THIS SERVICE/ PROGRAM?

☐ Yes ☐ No

9. IS YOUR ORGANIZATION LOCATED WITHIN THE TOWN OF COCHRANE?

☐ Yes ☐ No

10. WILL THIS PROGRAM PROVIDE SERVICES TO CITIZENS WITHIN THE TOWN OF COCHRANE?

☐ Yes ☐ No

11. WILL THE FUNDS THAT THE MUNICIPALITY PROVIDES YOUR ORGANIZATION BE UTILIZED ONLY BY YOUR ORGANIZATION?

☐ Yes ☐ No

12. Please outline what community need is addressed by your proposal:

13. How have you determined the need for your proposal:
(Please provide specific data to substantiate)?

14. What efforts have been made to determine if there are similar programs/services in the same geographical area?

15. Outline the community support you have received for your proposal?

16. How would your organization promote/market the Municipalities support?

ORGANIZATION STRENGTH

17. Is your organization governed by a community based volunteer board of directors?

☐ Yes ☐ No

18. How does your organization partner and collaborate with other community organizations and funders?

19. Describe your organization's staff/volunteer qualifications and experience to undertake this proposal.

FINANCIAL CONSIDERATION

20. Please indicate below any of your organization's outstanding loans or deficits.

21. Is your funding request due to funding decreases from other partners? (eg. Federal, Provincial, etc.)

☐ Yes ☐ No

22. What steps have you taken to explore other sources of financial support?

23. What will be the implications for your proposal if financial assistance funding is not granted?

24. If your organization's proposal continues beyond the grant period, where do you intend to obtain future financial support?

APPLICATION CHECKLIST:

Please confirm below that your organization has provided the following information attached with your application:

1. Application Submitted
Date: _____

2. Financial Information:
 - a. Previous year's balance sheet, income and expense statements
☐ Yes ☐ No

 - b. Current year's budget
☐ Yes ☐ No

 - c. Next year's budget
☐ Yes ☐ No

 - d. 3 year business plan (new organization)
☐ Yes ☐ No

3. Letter of confirmation from the Board of Directors showing that the Board has approved this proposal.
☐ Yes ☐ No