IMPORTANT: Please read the Detailed Application Guidelines before starting this application. Applicants are expected to observe all word limits in this application form.

1. CONTACT INFORMATION

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| --- | --- |
| **Organization/Community Group** | |
| Legal Name of Community Group / Organization |  |
| Street Address |  |
| Suite / Unit Number |  |
| City / Town |  |
| Postal Code |  |
| Telephone Number |  |
| Email |  |
| Website (if applicable) |  |
| Charity or Non-Profit/Not-For-Profit Registration Number (if applicable) | ❒ Non-Profit ❒ Not-For-Profit ❒ Not-For-Profit Registration Number |
| **Project Lead Contact (Contact for notices)** | |
| First Name |  |
| Last Name |  |
| Position / Title in Community Group / Organization |  |
| Telephone Number |  |
| Mobile Number |  |
| Email |  |
| **Signing Authority Contact (Execution of docs)** | |
| First Name |  |
| Last Name |  |
| Position / Title in Community Group / Organization |  |
| Telephone Number |  |
| Mobile Number |  |
| Email |  |

1. PROJECT INFORMATION

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| --- | --- | --- | --- |
| **Project Title** |  | | |
| **Location of Project** (e.g., specific community/ municipality/Region-wide) |  | | |
| **Anticipated Project  Start Date** (yyyy-mm-dd) |  | **Anticipated Project  End Date** (yyyy-mm-dd) |  |

1. PROJECT OVERVIEW

Please provide a brief summary of your proposed project by outlining the following:

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| 1. **Project Goal**   What is the desired achievement at the end of this project? (max. 200 words) |
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| 1. **Project Objectives**   What objectives must be met to achieve your project goal? (max. 400 words) |
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| 1. **Target Audience**   Tell us about the community or group that will be served by your project, including the number of people you hope to engage/serve with this project. (max. 600 words) |
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1. PROJECT DELIVERY

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| 1. What skills, expertise, experience and accomplishments make your community group/organization well-suited to deliver this project? (max. 1,000 words) |
|  |
| 1. Identify all stakeholders in the proposed project and how each of them will be involved in its delivery. (max. 600 words)   Key stakeholders include:   * + your group/organization   + your chosen community or target audience   + local municipality and York Region   + any other partners that will help deliver the project |
|  |

1. PROJECT IMPACT

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| --- |
| 1. What are the intended impacts and/or outcomes of the proposed project? (max. 500 words) |
|  |
| 1. How will your group/organization measure (quantitatively and/or qualitatively) these impacts and/or outcomes? (max. 500 words) |
|  |
| 1. How do the intended impacts and or/outcomes align with the objectives of the York Region Tourism Fund? (max. 500 words) |
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| 1. What are the potential risks to this project and how will these risks be mitigated? (max. 500 words) |
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1. BUDGET PROJECTION

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| --- | --- | --- | --- | --- | --- |
| **Amount being requested:**  (Up to a maximum of Five Thousand Dollars ($5,000.00)) | | | $ | | |
| **Total Project Budget:**  (sum of YRTF requested plus all other funding sources) | | | $ | | |
| **Provide a breakdown of your proposed budget for each of the listed budget categories.**  Where the dollar amount is unknown, please estimate the amount to the best of your ability. If a certain budget category does not apply to your budget, enter N/A in the description. You may add other budget categories as needed below. Include any in-kind donation(s) or support that will be directed towards the project. | | | | | |
| **Budget**  **Category  (if applicable)** | **Brief Description of Associated Actions/Activities/Items** | **A. Funding**  **Request**  **($)** | | **B. Other**  **Funding**  **Sources**  **($)** | **C. Total**  **Project**  **Budget ($)**  **(A+B = C)** |
| Materials & Supplies |  |  | |  |  |
| Communications (e.g. printing, distribution, ads) |  |  | |  |  |
| Equipment |  |  | |  |  |
| Personnel  (e.g. salaries, honoraria, instructor fees; up to a maximum of 50% of the funding request may be allocated to direct personnel costs) |  |  | |  |  |
| Consultant/Contractor Fees (e.g. web design, translation, communications) |  |  | |  |  |
|  |  |  | |  |  |
| **Total** |  | $ | | $ | $ |

\* ***Note: CEIF will not support overhead and administration costs (e.g. accounting/legal fees, rent, utilities, etc.)***

Would you be interested in discussing a lower funding amount if the Region is unable to provide   
the total amount requested? Yes ☐ No ☐ Maybe ☐

1. OTHER FUNDING

Please list all other funding sources and their amounts below. Indicate if each funding source is pending or confirmed.

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| **Funding Source** | **Confirmed / Pending** |
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| If applicable, please explain how the project will move forward if pending funding is not received. | |
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1. WORK PLAN

Provide a detailed overview (in chronological order) of your project activities, including proposed timelines, cost, evaluation plans and anticipated outcomes.

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| --- | --- | --- | --- | --- | --- |
| **Project Activity / Description** | **Start date** yy/mm/dd | **End date** yy/mm/dd | **Cost ($)** | **Evaluation Metric(s)** | **Expected Outcome(s)** |
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1. COMMUNICATIONS/ENGAGEMENT

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| How will you communicate and engage with your target audience and/or stakeholders to help ensure project success? (max. 500 words) |
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* + 1. PROJECT TEAM

Please provide or attach the names and a brief backgrounder for each key project team members and partners.

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* + 1. Has your organization previously received funding from York Region?   
       Yes ☐ No ☐

If yes, provide year and type and amount of funding:

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* + 1. Has your organization collaborated with York Region’s Economic Strategy Division or any other York Region departments on any past or current projects?  
       Yes ☐ No ☐

If yes, please provide a summary of the nature of this collaboration:

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| --- |
|  |

* + 1. SUBMITTING THE DETAILED APPLICATION

Detailed Application Submission Deadline: a minimum of two months prior to the event .

Please complete the application form, save as .pdf and email a copy to: [edo@york.ca](mailto:edo@york.ca)

HARD COPY SUBMISSIONS WILL NOT BE ACCEPTED. Please do not send a printed version of your application.

If the Region determines that a Detailed Application is incomplete, the Region may reject the application in its sole discretion. The Region is not required to seek clarification or further information from any applicants.

The Region accepts no responsibility for any reason whatsoever, including computer system failures of either the Applicant or the Region’s service provider, if the Applicant is unable to submit its Detailed Application before the Detailed Application Submission Deadline, and the Applicant agrees that the Region shall have no liability for delays caused by internet/network traffic, degraded operation or failure of any computer system element, including, but not limited to, any computer system, power supply, telephone or data connection or system or software or browser of any type whatsoever.

It is the sole responsibility of the Applicant to ensure that it can access and exchange data with the Region’s service provider’s computer systems electronically and that it allows sufficient time to successfully access and share data with the Region’s service provider’s computer systems, having regard to the possibility of delays caused by internet/network traffic. Applicants are solely responsible for ensuring that they plan their access to the Region’s service provider’s computer/servers, so that the Applicants can reach the Region’s service provider’s computers/servers, and submit their Detailed Applications.

**Next steps:**

* The Fund Review Committee will review the detailed applications and notify all applicants of the outcome via email.
* Successful applicants will be contacted directly outlining the next steps. This includes the requirement to provide necessary documentation and to enter into a funding agreement with the Region.