



**Georgina Community Action Table (CAT) Project
Quick Action Grant Application 2024 - Residents
Round 1**

Summary

The resident-led Quick Action Grant initiatives will address the community priorities of housing stability and mental well-being. Quick Action Grants of up to \$2,000 will support projects led and delivered by residents that address community priorities. These are short-term projects that should be delivered within 5 months. These projects should focus on a community activity that does any of the following:

- Focuses on an action or activity related to mental well being or employment/income stability
- Focuses on an action or activity designed to inspire the local community
- Focuses on an action or activity that supports creating stronger connections among residents in the area and/or between residents and other stakeholders

Eligibility

- Alignment to local priorities and fund objectives
- Clear articulation of the project throughout the application
- Financial request is in line with the proposed activities
- Project demonstrates local support of at least 5 residents & community partners as relevant
- Applying community members, groups and agencies operate in or resident within the local area
- If the proposed initiative is part of a larger project for which the applicant has received funding, there must be a clear demonstration that the funding supports a new activity
- Projects should be completed in 5 months from notification of approval
- Be started by at least 5 residents in the community who are not related to each other and do not live at the same address. The residents are either members of a resident group or they have come together to implement a community project. Grants cannot be issued to individuals
- Willingness to work with the Georgina Community Action Table as the trustee

Trusteeship

Successful resident applicants will be supported by Georgina CAT as their administrative partner. More information about the trustee relationship will be provided in orientation sessions.

<u>Eligible Expenses</u>	<u>Non-Eligible Expenses</u>
Food for participants at event/activity	Donations to other groups or organizations, religious groups, or political parties
Entertainment fees	Fines and penalties
Promotion, advertising, and communications	Alcoholic beverages
Speaker fees	Membership fees in clubs and organizations
Municipal permits or approval fees	Maintaining existing services
Honoraria for volunteers not exceeding 30% of the total requested amount	Regular salaries and rent of office space
Online platform subscriptions	Support to ongoing already funded programs or activities where this funding would duplicate other funding received

Steps

- Attend information session (optional)
- Note timeline/deadlines
- Complete the Application Form
- **Submit application to karenw@routescc.org by 4:00PM April 18th 2024**

Timeline

Application Open	April 2, 2024
Information Sessions	April 9 from 4:30pm-6:00pm April 11 from 11:00am-12:30pm
Application Deadline	4:00pm April 18, 2024
Grant Selection Team Review	April 19-25, 2024
United Way Review	April 26-30, 2024
Notify Applicants	May 1, 2024
Project Reports Deadline	August 30, 2024

All completed applications must be submitted electronically to Karen Wabiszczewicz at karenw@routescc.org by 4:00 pm on Thursday April 18th, 2024.

1. Project name:

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2. Have you applied for a Quick Action Grant in the past? If yes, what was the name of the project, and did it receive funding?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes Project name: Did it receive funding: Yes No

3. Please list the community in which your project will take place.

<input type="checkbox"/>	Sutton
<input type="checkbox"/>	Keswick
<input type="checkbox"/>	Baldwin
<input type="checkbox"/>	Jackson's Point
<input type="checkbox"/>	Pefferlaw
Other	

4. Are you working with a specific population (e.g. youth, seniors, 2SLGBTQ+, a specific ethno-cultural community)? If so, please list which population(s).

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5. **Group Lead Contact Information** (the person we would call to ask questions about the application or to inform regarding the application results):

Primary Contact Person	
Position/Role	
Address	

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Phone	
Email	
Date submitted	

Secondary Contact Person	
Position/Role	
Address	
Phone	
Email	

6. Provide us with the contact information of your group members:

- Resident-led groups with 5 or more members are eligible to apply for the Quick Action Grant
- Each group member must live in a **separate household**

Name	Address	Email/Phone (this individual may be contacted to confirm participation)	Roles and/or Responsibilities

7. Please indicate the key priority that your project addresses. Please select one:

<input type="checkbox"/>	Priority Area
<input type="checkbox"/>	Mental Well Being
<input type="checkbox"/>	Employment/Income Generation

8. Please indicate which action area your project addresses. Select as many that are appropriate:

<input type="checkbox"/>	Youth Peer Support	<input type="checkbox"/>	Accessible Community Spaces
<input type="checkbox"/>	Adult Peer Support	<input type="checkbox"/>	Employment Opportunities
<input type="checkbox"/>	Mental Health Training & Support	<input type="checkbox"/>	Food Security
<input type="checkbox"/>	Cultural and Social Inclusion	<input type="checkbox"/>	Resident Education/Training
<input type="checkbox"/>	Service Navigation	<input type="checkbox"/>	Community Engagement
<input type="checkbox"/>	Youth and Policing	<input type="checkbox"/>	Technology Solution/Support
<input type="checkbox"/>	Community Needs Assessment	<input type="checkbox"/>	Movement/Physical Activity
<input type="checkbox"/>	Essential Needs	<input type="checkbox"/>	Other:

9. Project Description:

Please describe your group's project. Tell us ***what you want to do; and when, where, why and with whom you*** want to do the project. What does your project hope to accomplish? (Approximately 100 words)

What:

When:

Where:

Why:

Who:

- 10. Briefly explain how residents will be involved in the development and/or implementation of your project:**

- 11. Are you working with any other partners in the community to implement your project? If so, please indicate who those partners are and how they will be supporting the project. Also indicate if you have already spoken with the group(s) that you have listed before applying. Examples of partners could include community services, municipal services (such as libraries or recreational centres), schools, building management, or faith organizations:**

- 12. How many local residents will be involved in your project as participants?**

13. When will your project start and end? Please provide the calendar dates:

Start:
End:

14. Describe the steps you will take in organizing and delivering your event or activity.

Steps	Who will be doing it?	When will it be completed?
<i>(Examples – what will be done re: outreach, implementation, evaluation)</i>	<i>(Examples – who will this task be completed by: resident(s) listed in the application, a project partner or other?)</i>	<i>(Example – When is the timeframe for completion. Can be specific date or date range i.e. July 2024)</i>

15. Budget:

Your request may total up to \$2,000.00.

Instructions for budget completion:

- Review the list of eligible and ineligible expenses
- Use the budget table below to tell us how much cash you need to complete your Quick Action Grant activity
- List as many details as possible to give a picture of what the money will be used for before, during and, if needed, after any event/activity
- Your request can be up to \$2,000.00 over a timeframe of up to 3 months
- Budgets will vary depending on a range of factors such as project scope and intended impact

Budget table:

Column A	Column B
Description of requested funding	Amount requested
<i>Example: T-shirts for youth event at \$5.00 each for 24 t-shirts</i>	<i>\$120.00</i>
<i>Example: Room rental for meeting space for 8 sessions (\$50.00 x 8)</i>	<i>\$400.00</i>
<i>Example: Transportation costs for program participants – 100 transit fares at \$3.25</i>	<i>\$325.00</i>
Total Project Funding Request	\$ 0.00

16. Evaluation Plan:

Please complete the following table. We have provided some examples in the table to help you:

<p>What are your project goals? (Include up to 2 goals that your project is focusing on)</p> <p><i>Examples: Increased safety in the neighbourhood; improved mental wellbeing among residents.</i></p>	<p>How will you collect this information or know if your goal has been achieved?</p> <p><i>Examples: We will talk to residents after our project and ask them if they feel safer walking in the neighbourhood and we'll write a summary of our discussion.</i></p>

17. Proposal to be signed by lead contact person for the project (Refer to Page 1):

I agree that by signing this application I will:

- Use funds only for the purpose granted
- Work with (Georgina Community Action Table), to maintain records, project activities, and costs
- Work with my project team members
- **Complete all reporting requirements for the Quick Action Grant by August 30th 2024**

Project Contact:	
Signature:	
Date:	

Secondary Project Contact:	
Signature:	
Date:	

Please submit your application to karenw@routescc.org by 4:00 pm on Thursday April 18, 2024