



# Georgina Community Action Table (CAT) Project Quick Action Grant Application 2024 - Residents Round 2

#### **Summary**

The resident-led Quick Action Grant initiatives will address the community priorities of employment 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.

Eligible Expenses	Non-Eligible Expenses
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	Regular salaries and rent of office space
the total requested amount	
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 <u>karenw@routescc.org</u> by 4:00PM September 27<sup>th</sup>, 2024

#### **Timeline**

Timemic	
Application Open	September 9, 2024
Information Sessions	September 9 from 11am-12:30pm September 16 from 4:30pm-6:00pm
Application Deadline	4:00pm September 27, 2024
Grant Selection Team Review	September 30-October 9, 2024
United Way Review	October 14-18, 2024
Notify Applicants	October 21-25 , 2024
Project Reports Deadline	March 31, 2025

All completed applications must be submitted electronically to Karen Wabiszczewicz at karenw@routescc.org by 4:00 pm on Friday September 27<sup>th</sup>, 2024.

# **Quick Action Grants- Residents**

1. Proj	ect name:
	e you applied for a Quick Action Grant in the past? If yes, what was the name of the project, and diceive funding?
	No No
	Yes
	Project name:
	Did it receive funding: Yes No
1	
3. <b>Plea</b>	ise list the community in which your project will take place.
	Sutton
	Keswick
	Baldwin
	Jackson's Point
	Pefferlaw
Other	
	you working with a specific population (e.g. youth, seniors, 2SLGBTQ+, a specific ethno-cultural munity)? If so, please list which population(s).
	up Lead Contact Information (the person we would call to ask questions about the application or to
	rm regarding the application results):  y Contact Person
Filliai	y Contact Ferson
Positio	n/Role
Addres	is S

# **Quick Action Grants- Residents**

Phone	
Email	
Date submitted	

# **Quick Action Grants- Residents**

Secondary Contact Pers	son		
Position/Role			
Address			
Phone			
Email			
Resident-led group	contact information of you ups with 5 or more membe ober must live in a separate	ers are eligible to apply for	r the Quick Action Grant
Name	Address	Email/Phone (this individual may be contacted to confirm participation)	Roles and/or Responsibilities
7. Please indicate the k	key priority that your proj	ect addresses. Please sele	ect one:
Priority Area			
Mental Well Being	5		
Employment/Inco	me Generation		

# **Quick Action Grants- Residents**

	Youth Peer Support		Accessible Community Spaces	
	Adult Peer Support		Employment Opportunities	
	Mental Health Training & Support		Food Security	
	Cultural and Social Inclusion		Resident Education/Training	
	Service Navigation		Community Engagement	
	Youth and Policing		Technology Solution/Support	
	Community Needs Assessment		Movement/Physical Activity	
	Essential Needs		Other:	
Wh				
Wh	ere:			
Why:				
Who:				

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

# Georgina Community Action Table (CAT) Project Quick Action Grants- Residents

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 y	your pro	ject start a	nd end?	Please	provide	the c	alendar	dates:
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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?
(Examples – <b>what will be done</b> re: outreach, implementation, evaluation)	(Examples – who will this task be completed by: resident(s) listed in the application, a project partner or other?)	(Example — When is the timeframe for completion. Can be specific date or date range i.e. July 2024)

#### 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 5 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
Example: T-shirts for youth event at \$5.00 each for 24 t-shirts	\$120.00
Example: Room rental for meeting space for 8 sessions (\$50.00 x 8)	\$400.00
Example: Transportation costs for program participants – 100 transit fares at \$3.25	\$325.00
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:

What are your project goals? (Include up to 2 goals that your project is focusing on)	How will you collect this information or know if your goal has been achieved?		
Examples: Increased safety in the neighbourhood; improved mental wellbeing among residents.	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.		

## **Quick Action Grants- Residents**

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 March 31, 2025

Project Contact:	
Signature:	
Date:	
Secondary Project Contact:	
Signature:	
Date:	

Please submit your application to karenw@routescc.org by 4:00 pm on Friday September 27th, 2024