



**Georgina Community Action Table (CAT)  
Project Quick Action Grant Application  
2026 – AGENCIES  
Round 1**

**Summary**

The agency-led Quick Action Grant initiatives will address the community priorities of mental well-being and housing stability. Quick Action Grants of up to \$7,500 will support projects led and delivered by agencies that address community priorities. These are short-term projects that should be delivered within 9 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
- 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 9 months from notification of approval
- Lead CSWB organizations, and relevant staff (including CAT ambassadors) are not eligible to apply to lead a QAG (in any community)

<b><u>Eligible Expenses</u></b>	<b><u>Non-Eligible Expenses</u></b>
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 lead residents and 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
Direct project expenses*	Use of funds in excess of 50% of the total requested budget to one particular business (eg – food, supplies, etc)
Event space rental costs	Fundraising activities, including those with the intention of raising additional resources for the applying organization.
Training or capacity building	
Barrier reduction costs to support local community involvement (e.g. food, childcare and transit fare)	
Administrative Costs (up to 10%)	

**Steps**

- Attend information session (optional)
- Note timeline/deadlines
- Complete the Application Form
- **Submit application to [karenw@routesc.org](mailto:karenw@routesc.org) by 4:00PM April 22 2026**

**Timeline**

Application Open	April 1, 2026
Information Sessions	April 2 11:30am-12:30pm @ the Sutton Link main lobby April 7 from 12:00pm-1:00pm (virtual) April 13 from 6:30pm-7:30pm (virtual)
<b>Application Deadline</b>	<b>4:00pm April 22, 2026</b>
Grant Selection Team Review	April 22-30 2026
United Way Review	May 1-5 2026
Notify Applicants	May 2026
Project Reports Deadline	March 31 2027

***All completed applications must be submitted electronically to Karen Wabiszczewicz at [karenw@routesc.org](mailto:karenw@routesc.org) by 4:00 pm on Thursday April 22, 2026.***

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

1. Project name:

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2. 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	

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

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4. **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	
Phone	
Email	

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

Do you or your organization participate at the local CAT or relevant subcommittees?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, would you be willing to do so if granted?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

5. **OPTIONAL: Trustee Commitment:** If you are requesting a trustee other than (Georgina CAT) for this application, please attach your trustee letter of agreement. The trustee will help to implement the project activities and maintain financial records if the project receives funding.

Trustee Contact Name	
Trustee Organization Name	
Trustee Contact Information	
Signature	
Date	

6. **Partner Groups &/or Organizations:**

Identify the partners involved in this project. Indicate how long you have been working together and provide an example of any activity you previously accomplished together. Add more boxes if more partners are applicable.

**Partner #1**

Primary Contact Person	
Position/Role	
Address	
Phone	
Email	
# Of years working together	
Example of 1 activity accomplished together	
<input type="checkbox"/>	As a partner we commit to supporting this project if it receives funding

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

## Partner #2

Primary Contact Person	
Position/Role	
Address	
Phone	
Email	
# Of years working together	
Example of 1 activity accomplished together	
<input type="checkbox"/>	As a partner we commit to supporting this project if it receives funding

## 7. Neighbourhood Residents Involved (if applicable) (submit additional page if necessary):

Name	Address	Email/Phone (We may contact this individual to confirm participation.)	Leadership Roles and responsibilities

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8. **Other Supporting Stakeholders or Businesses Involved (submit additional page if necessary)** (e.g., a local business that is providing the project with space, or in-kind donations from a non-profit organization to support the project):

Name	Address	Email/Phone (this person may be contacted to confirm their participation)	Roles and/or responsibilities

9. **Please indicate the key priority identified in the York Region CSWB Plan that your project addresses. Please select one:**

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

10. **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"/>	Advocacy	<input type="checkbox"/>	Movement/Physical Activity
<input type="checkbox"/>	Essential Needs	<input type="checkbox"/>	Other:

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

### 11. Project Description:

Please provide a summary of the 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 200-300 words)

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**12. Briefly explain how this project will improve our community. How will this project address the key priority you selected in question #9? (Please refer to local action plans in your response as applicable) Approximately 200-300 words**

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

**14. How many local residents will be involved in your project as participants and what opportunities will they have to participate?**

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

Start:
End:

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

## 15. Project Plan:

Please provide a step-by-step project plan, indicating each of the steps (from planning to implementation to completion) in chronological order. Show who will be responsible for what and give an estimated timeline.

Steps	Who will be doing it?	When will it be completed?

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

## 16. Budget:

Your request may total up to \$7,500.00.

<b>Total Amount Requested</b>	\$
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How will these funds be used? (Approximately 200-300 words)

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 and what you can get donated elsewhere
- 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
- The budget table includes what you are requesting from the Quick Action Grant
- Your expenses should be related to your activities in your project plan
- The budget must balance. Your costs must be the same as your revenue
- Your request can be up to \$7,500.00 over a timeframe of 9 months
- The budget and timeline may vary depending on a range of factors e.g. project scope, scale and intended impact



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## 17. Evaluation Plan:

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

<p><b>What are your project goals and how do they relate to the priority issue area chosen in question 9? (Include up to 4 goals)</b></p> <p><i>Examples: Increased safety in neighbourhood; Improved mental wellbeing among residents; Improved housing stability for residents.</i></p>	<p><b>How do you know if you have achieved your goals?</b></p> <p><i>Examples: We know we have been successful in our project if residents tell us they feel safer walking along in the neighbourhood; percentage of residents who report feeling safer; number of residents reporting improved mental wellbeing.</i></p>	<p><b>What information do you need to demonstrate the results of your project? How will you collect it?</b></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; recording observations; tracking housing stability through housing data.</i></p>

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## 18. Proposal to be signed by group 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 trustee (if applicable) to maintain records, and costs
- Work with my project team members and identified partners
- **Complete all reporting requirements for the Quick Action Grant by March 31, 2027**

Project Contact:	
Organization Name:	
Signature:	
Date:	

Please submit your application to [karenw@routesc.org](mailto:karenw@routesc.org) by 4:00 pm on Thursday April 22, 2026