

# 2019 Community Initiatives Program

## **IMPORTANT**

**This document is to facilitate your application process and must not be returned completed.**

**To submit your grant request, please use the online form by following this link:  
<https://fgmtl.org/en/subventions.php>**

Fields marked with an \* are required

## **ELIGIBILITY**

**To be eligible to complete the following application for grant, you need to:**

1. Confirm that your activity involves children; **AND**
2. Provide a registered charitable number from the Canada Revenue Agency (CRA); **AND**
3. Confirm that your organization has been in existence for at least 2 years.

If you cannot answer YES to the three following questions, it is useless to complete the rest of the application, as your organization will not be eligible for a grant.

### **Registered charitable number from Canada Revenue Agency (CRA) \***

*This number is mandatory for us to issue a grant to your organization. If you don't have this registered number, you can not present a grant application with us.*

### **Children's Participation \***

*In accordance with the guidelines, your activity should ensure the active participation of children aged 0 to 17 years old (observation and/or design and/or implementation). If it is not the case, your application WILL NOT BE ELIGIBLE and it's not necessary to pursue the filing of this application form.*

I confirm the active participation of children in the activity

### **Year of obtaining the organization's charter \***

*Enter the year with the format YYYY. The year should be prior to 2017.*

## YOUR ORGANIZATION

Organization's Official Name \*

Address \*

City \*

Postal Code\*

Website \*

Number of Employees (Full time) \*

Number of Employees (Part-time)\*

Number of Volunteers \*

Operating Budget \*

Fund balance or net assets \*

*You will find this information in your latest Financial statements (Statement of Financial position or Balance sheet)*

## Contact Information of the Director of the Organization (Executive Director or President)

Last Name \*

First Name \*

Job Title \*

Email Address \*

Phone Number \*

## YOUR ACTIVITY

Activity Name \*

### Contact Information of Resource Person for the Activity

Last Name \*

First Name \*

Job Title \*

Phone Number \*

Email Address \*

Area (s) of focus \*

- Food Security
- Mental Health
- School Success
- Healthy Environment
- No violence

Level of Children's Participation \*

- Observation
- Design
- Implementation

How old are the children involved \*

- 0 to 5 years old
- 6 to 11 years old
- 12 to 17 years old

Approximate Number of Children \*

**Area or Neighborhood where the Activity will Take Place \***

**Total Activity Budget \***

**Amount Requested \***

**Is it a New Activity? \***

Yes

No

**Anticipated Activity Start Date \***

**Anticipated Duration of Activity \***

*Indicate if the duration is in days or months (example: 6 months). You may include an activity time line under the "Your Documents" tab.*

**Number of Employees Involved in the Activity \***

**Number of Volunteers in the Activity \***

**Organization's Mission Statement (50 words max) \***

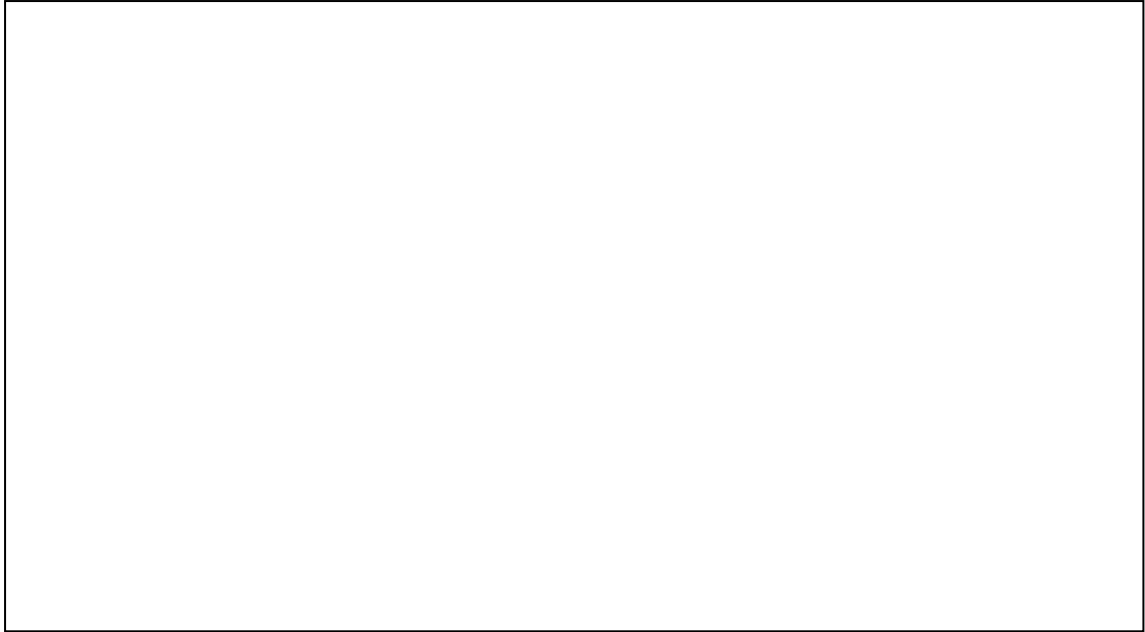
**Activity's Objectives (100 words max) \***

*You can respond either using bullet points or paragraphs.*

**Expected Results and Impact (100 words max) \***

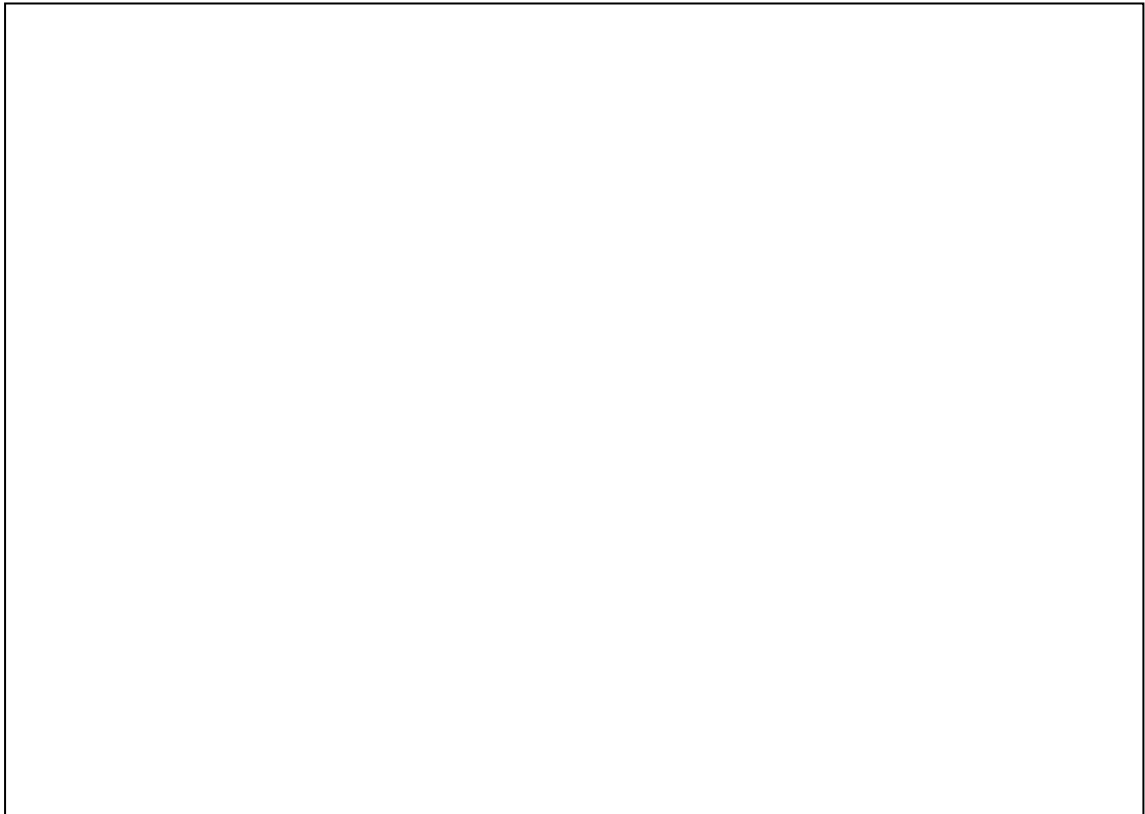
*You can respond either using bullet points or paragraphs.*

**Briefly describe the activity including details on the participation of children  
(200 words max) \***



**Briefly explain the capacity of your organization to successfully complete the activity  
(300 words max) \***

*Describe your capacity in terms of human resources, competencies, infrastructure and partnerships.*



## YOUR BUDGET

All fields are not required, but is IMPERATIVE to provide us with a budget for your activity

### SALARIES AND BENEFITS DIRECTLY RELATED TO THE ACTIVITY (No decimals)

*Indicate the job title in the first column*

	Job title	Foundation of Greater Montréal	Applicant	Other sources	Total
Salary 1					
Salary 2					
Salary 3					

### ACTIVITY EXPENSES (No decimals)

	Foundation of Greater Montréal	Applicant	Other sources	Total
Honoraries and fees for professional services				
Office Supplies				
Room Rentals, Participant Transportation				
Transportation for Employees and Volunteers				
Food				
Communication and marketing				
Training				
Administrative Cost (Accounting, IT, etc)				
Location Costs (rent or mortgage)				



*You can add other expenses below indicating their use in the first column.*


## **YOUR DOCUMENTS**

### **Financial statements \***

*Submit here your last financial statements*

### **Annual report \***

*Submit here your last annual report*

### **Other document**

*You may provide a third document to support your application*

**Explain why you want to provide this third document**