



Opportunity made here.

Enhancing Social Inclusion in Ethno-Cultural and Diverse Communities Grant 2021-2022

Section A – Organization/Group Contact Information

Name of Applicant Organization/Group:		
Street Address of Applicant Organization:		
City:	Province:	Postal Code:
Primary Contact Name:	Title of Contact Person:	
Telephone Number and Extension:	E-mail Address:	
Secondary Contact Name (mandatory):	Title of Contact Person:	
Telephone Number and Extension:	E-mail Address:	
Charitable Organization Registration Number OR Incorporation Number of Applicant Organization:		
If not incorporated, please provide the name of Trustee organization:		
Organization Mandate:		

Section B – Project Description

Project Title:

Planned Project Start Date:

Planned Project End Date:

1. Project Summary: What is the purpose/goal of your project? Provide a short description of the proposed project (400 words maximum).

2. Project Activities: Provide details on the types of activities that will be taking place (400 words maximum).

3. Approximately how many individuals will benefit from the proposed project activities, and how?

Identify the call for proposal priority under which you are applying (select at least one priority). All projects need to foster initiatives that provide opportunities to reduce social isolation.

Grant Theme: Improving the ability to serve ethno-cultural seniors during the COVID-19 crisis by fostering initiatives that increase social inclusion, health and wellness.

Priority 1

- Promoting active participation local initiatives which respond to pressing health and wellness needs of ethno-cultural communities adversely impacted by COVID-19

Priority 2

- Fostering intergenerational connections between seniors and youth to build community capacity, leadership, and promote volunteering within ethno-cultural and diverse communities

Priority 3

- Making aging easier by creating a newfound sense of virtual, inclusive and senior-friendly community, and preventing attrition in senior-focused community groups adversely impacted by COVID-19

4. Describe how the proposed project will address the program priorities under which you are applying (400 words maximum).

5. Who will be involved in the project? Will you partner with other community groups? If yes, please explain (400 words maximum).

6. Indicate how your target population will be involved in the design and implementation of this project (400 words maximum).

7. Are capital expenses among your planned expenditures with this funding? If yes, please explain how the purchases are necessary to carry out the project activities.

8. How will you know your project has been successful? Please describe the key performance indicators you will use to evaluate the project (400 words maximum).

Section C – Funding

How will you use the grant funds?

Item	Description	Allocation (%)	Amount (\$)
Staffing support			
COVID-19 related expenses			
Program expenses <i>(including capital expenses)</i>			
Operations expense: <i>(Funds that can be used toward room rental, insurance and similar expenses)</i>			
Total		100%	

9. Provide additional comments on how the funds will be used.

10. Does your project have other sources of income? If yes, please list them.

Section D - Agreement

I/We

- Declare that the information conveyed in this Application and supporting documentation is true, accurate, and complete to the best of my/our knowledge.
- Declare that I/we understand that if the information described herein is false or misleading, I/we/the Organization may be required to repay some or the entire grant received.
- Understand that upon approval of this Application by WoodGreen Community Services, payment of the funded amount is subject to the Terms and Conditions found below.
- Declare that I/we have read understood and agree to the Terms and Conditions and are authorized on the behalf of the Organization to do so.
- Agree that this contract is a legally binding agreement effective the date approved and signed by the President and CEO of WoodGreen Community Services.

By applying, the applicant consents to the collection, use and disclosure of information contained within this application.

Applicant Organization

Name of Signatory	
Position/Title	
Signature	
Date	

Trustee Organization *(if applicable, i.e. if your organization is not incorporated)*

If required, please contact us for a sample of a trusteeship agreement.

Please include the name and signature of the Trustee Organization:

Name & Title	
Signature	
Date	