

Grant Case #

## Instructions

This section provides information on how to complete and submit your application. Users of this application may also hover their cursor over any heading to learn more about the requirements.

### How To Complete Application

Before filling out the application read the entire PROGRAM/APPLICATION GUIDELINES. It may be useful to print a copy of the Program/Application guidelines to refer to while completing the application. There may be some questions on this application that you are NOT required to complete, these will be noted clearly in the Program/Application guidelines. Some programs require you to contact a ministry advisor prior to submitting your application.

Information about eligible organizations and expenses are detailed in the Program/Application guidelines.

Some fields in your application will already have the information you supplied during enrolment or from previous applications.

Answer each question fully or indicate “not-applicable” if the question is not relevant or does not apply to your project. Answers may vary in length depending on the nature of your project or program.

Provide reasons and supporting data where applicable to support your application. Demonstrate how your project addresses the grant program priorities.

Prepare necessary support materials. Ensure you have all of the necessary support materials electronically (either scanned, pdf or attachment). The required attachments are listed below.

Note that Ministry consideration of an application does not guarantee funding. Applications will be assessed on the basis of the information provided by the applicant within the completed application forms and for their ability to achieve the objectives of the program.

The Ministry cannot guarantee funding to all applicants, nor can the ministry ensure that the total amount requested by successful applicants will be granted. The ministry reserves the right, in its sole discretion, to fund or not fund any particular project or program for which an application is submitted. The decision to fund all or part on an applicant request will depend on its fit to the program priorities, assessment criteria and the overall demand of funds in the program.

### Attachment, Requirements Checklist

- Other
- Previous year financial statement

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## Section A - Organization Information

This section displays general information about your organization submitted during the Grants Ontario enrolment process. To make a change to this information, please submit an Assistance Request through the Grants Ontario System. Once the change has been made, all future reports will include the updated information.

1. Organization Name:	2. Organization Legal Name:	
<input type="text"/>	<input type="text"/>	
3. Web Site URL:		
<input type="text"/>		
4. Type of Legal Entity:	5. Year Established:	6. Date Incorporated:
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Corporation Registration Number:	8. Date of last AGM:	9. Date of Next AGM:
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Organization Mandate:		
<input type="text"/>		

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## Section B - Organization Address Information

This section displays address information about your organization submitted during the Grants Ontario enrolment process. To make a change to this information, please submit an Assistance Request through the Grants Ontario System. Once the change has been made, all future applications will include the updated information.

### Primary Address:

1. Street address 1: <input type="text"/>		
2. Street address 2: <input type="text"/>		
3. City: <input type="text"/>	4. Province: <input type="text"/>	5. Postal Code <input type="text"/>

### Mailing Address:

6. Street address 1: <input type="text"/>		
7. Street address 2: <input type="text"/>		
8. City: <input type="text"/>	9. Province: <input type="text"/>	10. Postal Code <input type="text"/>

## Section C - Organization Contact Information

Information about key people in the organization, including whether they have signing authority or not. Note that only the first group of contact fields are mandatory. All other types of contacts are optional.

### Organization Contact

General contact for the organization. The person who should receive general information from the Ministry including notification of grant opportunities, deadlines and news releases.

1. * Salutation:	2. * First Name:	3. * Last Name:	4. * Title:
5. * Phone Number (Work):	6. Phone Number (Mobile):	7. * Email Address:	

8. Signing Authority (Does this person have signing authority for your organization?)

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## Most Senior Official

This is the most senior elected or appointed official with whom a Minister of the Crown would correspond with (i.e. Mayor, Board Chair, Reeve, Chief, CEO)

9. Salutation:	10. First Name:	11. Last Name:	12. Title: Board Chair
13. Phone Number (Work):		14. Phone Number (Mobile):	15. Email Address:

16. Signing Authority (Does this person have signing authority for your organization?)

## Other Senior Staff

This is the most senior member of the organization aside from the person listed as Most Senior Official (i.e. CEO, Executive Director).

17. Salutation:	18. First Name:	19. Last Name:	20. Title: CEO
21. Phone Number (Work):		22. Phone Number (Mobile):	23. Email Address:

24. Signing Authority (Does this person have signing authority for your organization?)

## Other Contact 1

Any other person with whom the Ministry might wish to contact or additional signing authorities e.g. Treasurer, CFO or Vice Chair

25. Salutation:	26. First Name:	27. Last Name:	28. Title: Other1
29. Phone Number (Work):		30. Phone Number (Mobile):	31. Email Address:

Signing Authority (Does this person have signing authority for your organization?)

## Other Contact 2

Any other person with whom the Ministry might wish to contact or additional signing authorities e.g. Treasurer, CFO or Vice Chair

33. Salutation:	34. First Name:	35. Last Name:	36. Title: Other2
37. Phone Number (Work):		38. Phone Number (Mobile):	39. Email Address:

40. Signing Authority (Does this person have signing authority for your organization?)

## Section D - Organization Capacity

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Information about the organization including staffing, volunteers, governance, past performance and skills that will make the project successful.

1. * Number of Full Time Staff	2. * Number of Part-Time Staff	3. * Number of Volunteers	4. Accumulated Deficit (At most recent year end)	5. Accumulated Surplus (At most recent year end)

6. Describe your organization's core business or field of activity: (maximum 2,000 characters)

7. How does your strategic plan guide your organization's activities? (maximum 2,000 characters):

8. Outline your organization's risk management plan for prevention of abuse to clients, members and staff: (maximum 2,000 characters)

9. How is your Board elected? (maximum 2,000 characters)

10. How does the composition of your Board represent the community it serves? (maximum 2000 characters)

11. What practices/procedures exist to ensure the Board conducts its activities with accountability and transparency? (maximum 2,000 characters)

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12. Describe your organization's history of managing similar projects and include past achievements: (maximum 2,000 characters)

13. Describe your organization's ability and capacity to successfully undertake this project: (maximum 2,000 characters)

14. Provide details on your staff and relevant staff experience for those involved in the project: (maximum 2,000 characters)

15. Describe successful strategies used to ensure achievement of program outcomes: (maximum 2,000 characters)

16. Describe your organization's experience developing, tracking and reporting on outcomes and performance measures successfully: (maximum 2,000 characters)

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## Section E - Grant Payment Information

Should your application be successful, this information will be used to make payments.

### Payment Address:

Please select your organization's payment address from the drop-down list below. Once selected, the payment address fields below will be populated with the information related to the selected address. If your organization's payment address does not appear in the drop-down list, please complete the fields below manually.

1. Payment Organization:

2. \* Payment Organization Name (maximum 100 characters)

3. \* Street Address 1:

4. Street Address 2:

5. \* City:

6. \* Province:

7. \* Postal Code

Ontario

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Payment Contact:

Individual who should be contacted for clarifications about banking information or financial matters

8. * Salutation:	9. * First Name:	10. * Last Name:	11. * Title:
12. * Phone Number (Work):	13. Phone Number (Mobile):	14. Fax Number:	
15. * Email Address:			

16. \* Method Of Payment

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## Section F - Application Contact information

This is the person who will be the sole contact responsible for all communication with the Ministry in regard to this application.

1. * Salutation:	2. * First Name:	3. * Last Name:	4. * Title:
5. * Phone Number (Work):		6. Phone Number (Mobile):	7. Fax Number:
8. * Email Address:			

## Section G1 - Project Information

This section contains all the information about the proposed project except for financial information which is in the next section

1. * Project Name (maximum 250 characters)	
2. * Project Start Date:(mm/dd/yyyy)	3. * Project End Date:(mm/dd/yyyy)
4. Event Start Date:(mm/dd/yyyy)	5. Event End Date:(mm/dd/yyyy)

6. * Target Sector:	
	Primary Target Sector
X	<input checked="" type="checkbox"/>

7. * Project Scope:
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8. * Host Municipality / First Nation Community:
X

### 9. \* Project Priority

- Increase Visitation  
 Increase Visitor Spending

10. * Project Summary: Provide a brief description of your project. If your application is successful this wording may be used on the Ministry website. (maximum 2,000 characters)
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**11. \* Project Description:**

Describe your project in detail making sure to address all the specific requirements in the Program Guidelines. (maximum 4,900 characters)

**12. \* Project Objectives:**

Describe the project objectives making sure to address all the specific requirements in the Program Guidelines. (maximum 2,000 characters)

**13. \* Rationale / Need:**

Describe why your project/event is viable, including steps or measures taken to ensure that your project/event does not overlap with existing projects/events with the same target audience. Be sure to address all the specific requirements in the Program Guidelines (maximum 1,000 characters)

**14. \* Project Beneficiaries:**

Who will benefit from your project or event? Geographic or demographic groups or communities (maximum 2,000 characters)

**15. \* Risk Assessment and Management: (maximum 2,000 characters)****16. \* Project Outcomes: (maximum 1,000 characters)****17. \* Evaluation Plan / Criteria: (maximum 2,000 characters)**

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## Section H - Project Financial Information

Provide information about your revenue sources and expenses. By clicking the check box in each line item, identify whether your revenues are confirmed or anticipated, and whether your expenses are eligible to be funded through this grant program. The form will expand if additional rows are required for line items in a category. Expand a new table for every year required. Be sure to address any program-specific requirements noted in the Program Guidelines.

If you do not need to complete additional years in the project financials section and wish to reduce the number of pages displayed, please use the "Collapse/Expand" button in each year listed to hide the table.

YEAR 1				
Revenue Sources	Confirmed or Anticipated		Amount	
Requested Amount				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Anticipated		+
Total Requested Amount				
Cash Revenues from Other Government Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed <input type="checkbox"/> Anticipated		+
Total Cash Revenues from Other Government Sources				
Cash Revenues from the Applicant and Other Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed <input type="checkbox"/> Anticipated		+
Total Cash Revenues from the Applicant and Other Sources				
In-Kind Revenues				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed <input type="checkbox"/> Anticipated		+
Total In-Kind Revenues				
<b>Total Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>	
Expenses	Eligible Expense?	Item Expense	Requested Funding	
Staffing Expenses				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Eligible Expense			+
Total Staffing Expenses				
Benefits Expenses				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Eligible Expense			+
Total Benefits Expenses				
Program Expenses				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Eligible Expense			+
Total Program Expenses				
Administration/Other Expenses				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Eligible Expense			+
Total Administration/Other Expenses				
In-Kind Expenses				

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<input checked="" type="checkbox"/>					+
Total In-Kind Expenses					
<b>Total Eligible</b>	<b>\$0.00</b>	<b>Total Ineligible</b>	<b>\$0.00</b>	<b>Total Expense</b>	

**YEAR 2**

Revenue Sources		Confirmed or Anticipated		Amount		
Requested Amount						
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Anticipated	+		
Total Requested Amount						
Cash Revenues from Other Government Sources						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Anticipated	+
Total Cash Revenues from Other Government Sources						
Cash Revenues from the Applicant and Other Sources						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Anticipated	+
Total Cash Revenues from the Applicant and Other Sources						
In-Kind Revenues						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Anticipated	+
Total In-Kind Revenues						
<b>Total Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>			
Expenses		Eligible Expense?	Item Expense	Requested Funding		
Staffing Expenses						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+		
Total Staffing Expenses						
Benefits Expenses						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+		
Total Benefits Expenses						
Program Expenses						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+		
Total Program Expenses						
Administration/Other Expenses						
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+		
Total Administration/Other Expenses						
In-Kind Expenses						
<input checked="" type="checkbox"/>				+		
Total In-Kind Expenses						
<b>Total Eligible</b>	<b>\$0.00</b>	<b>Total Ineligible</b>	<b>\$0.00</b>	<b>Total Expense</b>		

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YEAR 3				
Revenue Sources		Confirmed or Anticipated		Amount
Requested Amount				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Anticipated	+
Total Requested Amount				
Cash Revenues from Other Government Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Anticipated	+
Total Cash Revenues from Other Government Sources				
Cash Revenues from the Applicant and Other Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Anticipated	+
Total Cash Revenues from the Applicant and Other Sources				
In-Kind Revenues				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Confirmed	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Anticipated	+
Total In-Kind Revenues				
<b>Total Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>	
Expenses		Eligible Expense?	Item Expense	Requested Funding
Staffing Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+
Total Staffing Expenses				
Benefits Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+
Total Benefits Expenses				
Program Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+
Total Program Expenses				
Administration/Other Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Eligible Expense	+
Total Administration/Other Expenses				
In-Kind Expenses				
<input checked="" type="checkbox"/>				+
Total In-Kind Expenses				
<b>Total Eligible</b>	<b>\$0.00</b>	<b>Total Ineligible</b>	<b>\$0.00</b>	<b>Total Expense</b>

YEAR 4				
Revenue Sources		Confirmed or Anticipated		Amount
Requested Amount				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Anticipated	+
Total Requested Amount				

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Cash Revenues from Other Government Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+
Total Cash Revenues from Other Government Sources				
Cash Revenues from the Applicant and Other Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+
Total Cash Revenues from the Applicant and Other Sources				
In-Kind Revenues				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+
Total In-Kind Revenues				
<b>Total Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>Expenses</b>	<b>Eligible Expense?</b>	<b>Item Expense</b>	<b>Requested Funding</b>	
Staffing Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Staffing Expenses				
Benefits Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Benefits Expenses				
Program Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Program Expenses				
Administration/Other Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Administration/Other Expenses				
In-Kind Expenses				
<input checked="" type="checkbox"/>				+
Total In-Kind Expenses				
<b>Total Eligible</b>	<b>\$0.00</b>	<b>Total Ineligible</b>	<b>\$0.00</b>	<b>Total Expense</b>

<b>YEAR 5</b>				
<b>Revenue Sources</b>		<b>Confirmed or Anticipated</b>	<b>Amount</b>	
Requested Amount				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Anticipated		+
Total Requested Amount				
Cash Revenues from Other Government Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+
Total Cash Revenues from Other Government Sources				
Cash Revenues from the Applicant and Other Sources				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+

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Total Cash Revenues from the Applicant and Other Sources				
In-Kind Revenues				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Confirmed	<input type="checkbox"/> Anticipated	+
Total In-Kind Revenues				
<b>Total Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>	
<b>Expenses</b>	<b>Eligible Expense?</b>	<b>Item Expense</b>	<b>Requested Funding</b>	
Staffing Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Staffing Expenses				
Benefits Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Benefits Expenses				
Program Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Program Expenses				
Administration/Other Expenses				
<input checked="" type="checkbox"/>		<input type="checkbox"/> Eligible Expense		+
Total Administration/Other Expenses				
In-Kind Expenses				
<input checked="" type="checkbox"/>				+
Total In-Kind Expenses				
<b>Total Eligible</b>	<b>\$0.00</b>	<b>Total Ineligible</b>	<b>\$0.00</b>	<b>Total Expense</b>

Additional Comments Relevant to Project Financial Information (maximum 4,900 characters)

Total Project Financials (All Years)	
Revenues	Total
Requested Amount	
Cash Revenues from Other Government Sources	
Cash Revenues from the Applicant and Other Sources	
In-Kind Revenues	
<b>Total Revenues</b>	
Expenses	Total
Staffing Expenses	

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Benefits Expenses	
Program Expenses	
Administration/Other Costs	
In-Kind Expenses	
<b>Total Expenses</b>	

<b>Total Eligible Expense:</b>	<input type="text"/>
<b>Total Project Budget:</b>	<input type="text"/>

## Section I - Performance Measures

There are set performance measures for all projects in this grant category. The target number or "Goal" is all that is required. In addition your project may have specific performance measures, these may be added to the blank areas of the chart.

Ministry Provided Performance Metrics					
		1. Metric	2. Description	3. * Goal	
	1	Attendance Local (within 40 km)	2015/16 Projected Total Attendance		
	2	Attendance Other Ontario	2015/16 Projected Total Attendance		
	3	Attendance Other Canada	2015/16 Projected Total Attendance		
	4	Attendance United States	2015/16 Projected Total Attendance		
	5	Attendance International	2015/16 Projected Total Attendance		
	6	Visitor Expenditure	2015/16 Projected Total Dollar Increase		

4. Comments (maximum 4,900 characters)

Client Provided Performance Metrics					
		1. Metric	2. Description	3. Goal	
X	1				+

4. Comments (maximum 4,900 characters)

## Section J - Partnership / Stakeholders Information

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Record the partner organizations involved with the project plus what their role will be and describe their contribution. Stakeholders who were consulted about the project should also be noted and their role and contribution described. Be sure to address all the specific requirements in the Program Guidelines.

		1. Name	2. Type	3. Role/Address	4. Description
X	1		Partner		

## Section Z - Declaration / Signing

The names of signing authorities are pre-populated in the declaration/signing section IF they were noted as signing authorities in the Organization Contact sections. Additional signing authorities may be added. It is recognized that in many cases, the person completing the grant application is not a signing authority. It is the responsibility of the grant contact to ensure they have documented proof of approval from the signing authority(ies) to request grant funds. This documentation needs to be kept and produced if necessary.

Applicants are expected to be compliant with the Ontario Human Rights Code and all other applicable laws. The Ontario Human Rights Code provides for equal treatment in the areas of services, goods, facilities, accommodation, contract and employment without discrimination on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, disability, age, family status, marital status, the receipt of public assistance (in accommodation only), and record of offences (in employment only). Failure to comply with the letter and spirit of the Ontario Human Rights Code will render the applicant ineligible for a grant, and in the event a grant is made, liable to repay the grant in its entirety at the request of the Ministry.

Applicants should be aware that the Province is bound by the Freedom of Information and Protection of Privacy, R.S.O. 1990,c.F.31, (click here..<http://www.ipc.on.ca/index.asp?navid=73> )as amended from time to time and that any information provided to the Province in connection with their application may be subject to disclosure in accordance with the requirements of that Act. Applicants are advised that the names and address of organizations receiving grants plus the amount of the grant awards, and the purpose for which grants are awarded is information made available by the Ministry to the public.

### Declaration

By clicking the "Sign Document" and "I Agree" buttons, I/we (as indicated below) agree with the following statement:

On behalf of and with the authority of the Applicant, I certify that

- (a) the information provided in this application is true, correct and complete in every respect;
- (b) if the Applicant is awarded Funding, the Applicant agrees to be bound by the Terms and Conditions set out in Section Y if applicable, or in the transfer payment agreement, and contained in subsequent correspondence from the Ministry;
- (c) the Applicant has read and understands the information contained in the Application Form;
- (d) the Applicant is aware that the information contained here in can be used for the assessment of grant eligibility and for statistical reporting;
- (e) the Applicant understands that the information contained in this application or submitted to the Ministry in connection with the grant is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
- (f) the Applicant is not in default of the terms and conditions of any grant, loan or transfer payment agreement with any ministry or agency of the Government of Ontario;
- (g) I am an authorized signing officer for the Applicant.



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Additional Signing Authority:

Salutation:	First Name:	Last Name:	Title:
Phone Number (Work):	Phone Number (Mobile):	Email Address:	

Signature

Date/Time Field