

Required fields are marked with asterisks (\*)

# Legacy Community Hydro Electric Systems Transfers (C.H.E.S.T.) Fund Grant Application

# **Application Deadline & Submission Requirements**

**Deadline:** All applications must be submitted electronically by 4:30 p.m. on October 31 (annually). Late submissions will not be considered.

**Please note:** The application form cannot be saved while in progress; therefore, applicants are advised to read through the entire form and ensure they have all necessary information before beginning.

Applications must be submitted using the Legacy Community Hydro Electric Systems Transfers (C.H.E.S.T.) Fund Grant Application Form. Submissions in any other format will not be accepted unless prior written approval has been received from staff.

#### Before you apply:

Applicants are required to review Policy <u>CP2025-011 – Legacy Community</u> <u>Hydro Electric Systems Transfers (C.H.E.S.T.) Fund Grant Policy prior to completing their application.</u>

**Required Information:** Applications that do not include all of the following documentation will not be considered for funding:

- Budget for the upcoming year
- Financial statement for the previous year (Note: For funding requests over \$25,000, the statement must be audited or accountant-reviewed)
- Year-to-date financial statement
- Statement disclosing all assets, trust and reserve funds, any anticipated year-end surplus
- Current operating budget (If the application involves a partnership, include the operating budgets for all partner organizations)
- If the project involves changes to a building, include proof of ownership
- If project costs are based on a third-party report, include a copy of the report
- Provide two (2) or more quotes/estimates for each component of the project. If fewer than two quotes are available, a written explanation is required

- A list of the current Board of Directors, including full names, positions, addresses, and telephone numbers.
- Three (3) references from individuals outside your organization who are familiar with your work
- If this is a partnership application, include a signed Dispute Resolution Protocol from all partners
- A detailed work plan outlining project activities, timelines, approvals, and responsible parties. Template available below.
- A detailed budget for the project, including all revenue and expenses. Template available below.

For questions regarding completing the Legacy C.H.E.S.T. Fund or the application process contact:

#### **Executive Assistant, Community Services**

Telephone: 705-324-9411 extension 1300

E-mail: Idonnelly@kawarthalakes.ca

# **Section 1: Applicant Information**

The application is made by a: *  Partnership (between two or more organizations).  Sponsored Applicant.  Single Organization.
Name of Applicant/Sponsoring Organization: *
Please enter the name of Applicant/Sponsoring Organization here.

## Registered Charity or Non Profit Incorporation Number: \*

Please enter the Registered Charity or Non Profit Incorporation Number here.

#### Address: \*

Please enter the address here.

#### City/Town/Village: \*

Please enter the City/Town/Village here.

#### Postal Code: \*

Please enter the Postal Code here.

## Telephone Number: \*

Please enter the telephone number here.

#### Website:

Please enter the website address here.

## Contact Person (First Name, then Last Name): \*

Please enter the first and last name of contact person here.

#### **Contact Person Telephone Number: \***

Please enter the Contact Person telephone number here.

#### Contact Person Email Address: \*

Please enter the Contact Person email address here.

# If you are a sponsored applicant please attach your signed Sponsor Agreement letter here:

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How many active staff are involved with your organization? *
Please enter the number of active staff involved with your organization here.
Please list your current Board of Directors including name, position, and contact information. *
Please list three references, including their contact information. Please note: References must be outside individuals who are familiar with your organization and its work. *
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note: References must be outside individuals who are familiar with your organization and its work. *  If this is a partnership application please attach your Dispute

# **Section 2: Project Information**

Please select the type of funding you are applying for: *  Capital Improvements  Special Event  Extenuating Circumstances  Startup Funding  Special/Multi-Year Projects
Amount Requested: *
Please enter the amount requested here.
What is your project? *
Please provide your project title here.
Project location. *
Please enter the location of your project here.
Who will carry out the work? If volunteers will be involved please explain how. *

Who will benefit from your project and why? \*

Please provide a grant application work plan. List all activities, approvals, licenses, or permits required, expected completion dates for each activity, and who is responsible for each task. You may type the information directly into the field below or upload your completed work plan in the next section. A template is available for download on our website here: **[Grant Application Work Plan]**. If you choose to type your work plan, please do so in the field below. If you choose to upload a work plan, please do so in the subsequent field.

If you choose to type out your work plan, please use the field below to do so. If uploading a work plan, please note that here and use the field below to upload your document. \*

#### Upload your work plan here.

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# **Section 3: Financing the Project**

Please provide the following information regarding your grant application budget:

Please list all revenue or funding sources, the amount requested from each source, and relevant details or conditions relating to the funding. You may type the information directly into the field below or upload a completed budget in the next section. A budget template is available on our website here: **[Grant Application Budget]**. If you choose to type your grant application budget, please do so in the field below. If you choose to upload a grant application budget, please do so in the subsequent field.

**Note:** H.S.T. is *not* an eligible expense and should **not** be included in your funding summary.

If you choose to type out your budget, please use the field below to do so. If uploading a budget, please note that here and use the field below to upload your document. \*

#### Upload your budget here.

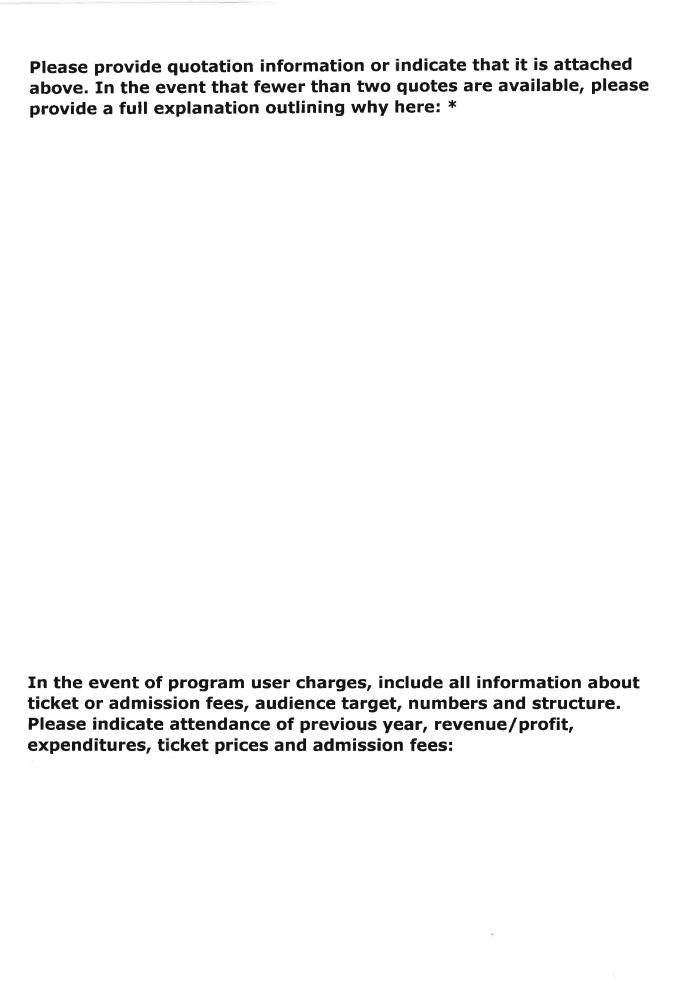
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Upload two or more quotations for purchased service or materials for each component of the project to help account for the request for funding. In the event that fewer than two quotes are available, a full explanation outlining why is required below.

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If Legacy C.H.E.S.T. Funding is awarded to your organization and the program/services rendered generate a profit through program proceeds, how will those proceeds be used?

Wherever practicable, grant applications must include a detailed breakdown and prioritization of component costs—especially for applications that include multiple smaller projects. This prioritization will assist the Legacy C.H.E.S.T. Fund Grant Committee in making funding decisions and will serve as a guideline in cases where only partial funding can be awarded. Please ensure each project component is clearly itemized, with associated costs and its relative priority (e.g., high, medium, low).

Please provide prioritization here: \*

If applicable, outline how this project will be funded in future years without the need for Legacy C.H.E.S.T. Funding:

### Please attach the following documents:

Please provide your budget for the upcoming year: \*

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Financial statements for previous year (grant applications over \$25,000 must be audited OR accountant reviewed), a year to date financial statement, and a statement disclosing all assets, trust funds, reserve funds, and anticipated year-end surpluses. \*

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Current operating budget (if partnership, include operating budget of all organizations) \*

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#### Any additional supporting information as required:

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# **Additional Comments:**

## **Section 4: Grant Criteria and Conditions**

- Any additional tax burden on the residents of the geographic area where the funds are to be expended and/or any other part of the municipality must be clearly identified (In the case of the Bobcaygeon C.H.E.S.T. Fund "NO" additional tax burden will be accepted).
- If applicants are partnering with other funding opportunities (not municipal tax levy) to leverage funds those funds must not be used to offset the pre-existing or future operating or capital obligation of any organization. Applicants must also demonstrate that all funding will be in place the same years as the Legacy C.H.E.S.T. Fund award prior to funds being released.
- Use the funds only for the approved project. Any misuse or project cancellation requires full repayment (including interest, if applicable).
   If a change is required from what was requested within the original application a request must be submitted to the Committee for approval.
- All funding must be used within the calendar year it is awarded unless an alternate timeline is approved during the application process. Any unused or surplus funds (including any interest earned, if applicable), upon project completion must be outlined in your post project report and returned to the City to deposit in the respective reserve fund.
- Immediately notify the City if the organization disbands or ceases operations, and return any funds as outlined above.
- Submit a Post-Project Financial Report, including proof of spending and project results within 60 days of completion for events and by completion and no later than year-end for major projects. Any project not completed as approved, or any unresolved discrepancies, may affect future funding eligibility and result in a request to return the funds to the City.
- Organizations receiving funding must acknowledge the Legacy CHEST Fund in promotional materials, websites, public announcements, events and display the Legacy C.H.E.S.T. Fund logo in a prominent location or on funded assets.
- Remain in good financial standing with the City of Kawartha Lakes,

and demonstrate sound financial management within your organization.

We certify to the best of our knowledge that the information provided in this municipal grant request is accurate and complete and is endorsed by the Organization we represent. If our Organization receives a municipal grant we agree to the conditions set out above and to any other conditions approved by Council.

Name: (First and Last) *	
Please enter your first and last name here.	
Title: *	
Please enter your title here.	
Please provide the date of application. *	<b>#</b>
Please sign here. *	

Personal information contained on this Form is collected in pursuant to the Municipal Act 2001 and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 Extension 1295 or 1322.

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