**INCLUSION GRANTS 2018-2019**

**FUNDING APPLICATION QUESTIONNAIRE**

Please answer each of the following questions, be as succinct as possible in your answers; one to two paragraphs should be sufficient. In the case where you cannot respond to a specific question, please explain why. Complete one form for EACH program your organization wishes to submit. Please note that organizations may receive funding for a maximum of two programs.

ORGANIZATION:

CHARITABLE REGISTRATION NUMBER:

CONTACT PERSON:

Name Position

Email Phone number

1. **Program submitted for funding**
2. Program name:
3. Description of the program:
4. Description of the needs being served:
5. Description of the target population:
6. Number of participants/clients:
7. Number of clients on a waiting list:
8. Number of volunteers:
9. **Organization’s Mission and strategic objectives**
10. What is your organization’s mission statement?
11. What are your organization’s strategic objectives for the coming years?
12. What is your organization’s plan for meeting these objectives? Please include any relevant documents.
13. **Evaluation**
14. What are your expected outcomes for this program?
15. How will you measure these outcomes over the next year?
16. Please provide a description of the evaluation process you are using, including information about designation of responsibility for evaluation within your organization and how the evaluation process is implemented. If you do not have an evaluation process in place, please explain why.
17. How have findings been used to improve your program’s performance and impact?
18. **Collaboration**
19. Please describe if/how you are working collaboratively and/or in partnership with other agencies or communal organizations to achieve mutual goals.
20. How have these collaborations and/or partnerships resulted in improved service delivery, greater impacts and/or maximization of resources?
21. **Budget and Financial information**
22. Please provide the following information:
23. Total annual organization budget: $
24. Supporting documentation: Please submit your organization’s Audited Financial Statements
25. Include any other relevant information to be considered in review of this funding request
26. Program budget. Please complete the chart below. Add as many rows as required:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2016-2017 Actuals\*** | **2017-2018 Actuals\*** | **2018-2019 Request** |
| **EXPENSES** |
| **(A) STAFF COSTS** |  |  |  |
| Professional Staff (including benefits) |  |  |  |
| Support Staff (including benefits) |  |  |  |
| **TOTAL STAFF COST (A)** |  |  |  |
| **(B) OTHER COSTS** (Please itemize) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL OTHER COSTS (B)** |  |  |  |
| **(C)TOTAL PROGRAM COSTS (A+B=C)** |  |  |  |
| **INCOME** |
| **(D) INCOME** (Please itemize) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL INCOME (D)** |  |  |  |
| **(E) NET SURPLUS/DEFICIT (D-C=E)** |  |  |  |
| **TOTAL AMOUNT REQUESTED** |  |  |  |

\*If program already existed

[FOR INTERNAL USE] **SUBMITTED ON:**