# Community Futures
# Project-Based Grant Application

**For Projects Occurring: April 1, 2026 through March 31, 2027**

How did you hear about the Community Futures Grant program? *
- ☐ Letter from us
- ☐ Media (radio, newspaper)
- ☐ Social media (Facebook, Instagram etc.)
- ☐ Word of Mouth
- ☐ Other _____

What is the total grant funding that you are seeking with this application? * $_____

## Section A – Application & Eligibility Information

A **project** or **initiative** focuses on building tools, systems, programs, or organizational capacity and is NOT tied to a specific event date.

**Examples of PROJECTS or INITIATIVES would include:**
- Development of new programs, services, or resources
- Organizational training, capacity building, or volunteer program development
- Technology adoption (software, systems, digital transformation)
- Creation of educational materials or community tools
- Improving operational processes or efficiencies
- Pilot programs or ongoing service delivery improvements
- Equipment or materials that support long-term programming
- Research, planning, or feasibility studies

**Examples of EVENTS would include:**
- Community festivals, fairs, or seasonal celebrations
- Arts, cultural, or heritage events (e.g., performances, exhibitions, cultural showcases)
- Educational or skill-building workshops, conferences, or speaker series
- Tourism-focused events that attract visitors or promote local attractions
- Youth-focused events such as camps, leadership days, or tournaments
- Fundraising events that support community programming
- Vendor markets, artisan markets, or food-based events
- Community competitions, tournaments, or recreational events

**If you are applying for funding support for an EVENT, click here, otherwise, please continue with this application.**

Tick the box (or boxes) that best describe your application. *
- ☐ This application will support a project or initiative that will principally support youth
- ☐ This application will support a project or initiative that will support the growth and promotion of tourism
- ☐ This application will support a project or initiative that will support the development of volunteers
- ☐ This application will support innovation and/or technology that will impact economic development in Sarnia and Lambton County
- ☐ This application will support skills development, education and training that will impact economic development in Sarnia and Lambton County

Tick the box that best describes you as the applicant: *
- ☐ Charitable organization or Registered Charity
- ☐ Non-Profit Corporation
- ☐ Accredited Service Club
- ☐ Social Service Organization
- ☐ Recognized Educational institution
- ☐ Other (Please describe) _____

Organization Legal Name* _____

Organization's Operating Name (if different from above*) _____
- ☐ Not applicable

Incorporation number (for not-for-profits) * _____
- ☐ Not applicable

Year of incorporation (for not-for-profits) * _____
- ☐ Not applicable

Charitable registration number (for charities) * _____
- ☐ Not applicable

Year of registration (for charities) * _____
- ☐ Not applicable

9-digit Canada Revenue Agency (CRA) Business Number* _____
- ☐ Not applicable

Address - Street Number (include post office box number if applicable) *: _____
Address - Street Name*: _____
Address - City / Town*: _____
Address - Province*: _____
Address - Postal Code*: _____

Website* _____
- ☐ Not applicable

If your organization is active on social media, provide the social media platforms (e.g., Facebook, Instagram etc.) and the handles under which you operate. _____
- ☐ Not applicable

## MISSION & ACTIVITIES

Provide your mission statement.  If your organization does not have a formal mission statement, provide a statement that captures the organization's principal mandate or overarching goal.
Maximum 200 word *

Tell us about your typical activities, services or programs.  Maximum 200 words. *

How many people does your organization service annually? * : _____

How many paid staff did your organization employ over the last 12 months (regardless of full-time or part-time status)? *:
_____

Lead Applicant Contact Person*
Position / Title*: _____
Email*: _____
Telephone*: _____

Secondary Applicant Contact Person*
Position / Title*: _____
Email*: _____
Telephone*: _____

If approved, the cheque should be made payable to*: _____

☐   I have read and agree that this organization will comply with **Community Futures Lambton's Workplace Violence Policy. ***

☐   I have read and agree that this organization will comply with **Community Futures Lambton's Workplace Harassment Policy. ***

☐   I have read and agree that this organization will comply with **Community Futures Lambton's Accessibility for Ontarians with Disabilities Policy. ***

## FINANCIAL HEALTH & STABILITY

It is important to Community Futures Lambton that our Grant funding is utilized responsibly.  As such, we are requesting that organizations provide financial statements – or other such alternative documents summarizing their financial operations – for the last two years.  These documents will be kept confidential and will not be shared beyond the Grant Review Committee.  If your organization does not have this information, please select '*Not Applicable*' below.

 Please include your financial information for your last two fiscal years. *

☐      Not applicable

## Section B – Project Summary

Project Name: _____

**Project Description**

Please provide a clear overview of your proposed project, including its purpose, who will benefit, and why it is needed. *

In your response, please address the points below.

**1. Project Goal & Purpose**

Explain what your project aims to achieve and why it is important.

Consider:

- What problem, gap, or opportunity does the project address?
- How does the project strengthen your organization or the broader community?

**2. Who Will Benefit from This Project?**

Describe the individuals, groups, or organizations that will be positively impacted.

Consider:

- Direct beneficiaries (e.g. youth, volunteers, staff, community members)
- Indirect beneficiaries (e.g. partner organizations, local businesses, families)
- Whether your project supports underserved or equity-deserving groups

**3. Why This Project is Needed Now**

Provide background or context that helps reviewers understand the project's relevance.

Consider:

- Existing challenges your organization or community is facing
- Emerging needs or opportunities
- Data or observations supporting the need

(max of 500 words – your answer may use bullet points or paragraph format.)

**Project Duration**
Project Start Date *: _____
Project End Date *: _____

## Section C – Project Deliverables & Execution Plan

**Project Deliverables**

Using the chart below, list up to three (3) deliverables for this project.

NOTE: a "deliverable" is what you are going to do successfully execute your project.

Then for each deliverable, list the key tasks that need to be completed. Provided a maximum of 3 tasks for each deliverable.

Finally provide the timeframe to complete each key task. *

| Project Deliverables | Key Tasks | Timing |
|---|---|---|
| 1. | a) <br> b) <br> c) | - <br> - <br> - |
| 2. | a) <br> b) <br> c) | - <br> - <br> - |
| 3. | a) <br> b) <br> c) | - <br> - <br> - |

**Below is a SAMPLE Project Deliverables**

| Project Deliverables | Key Tasks | Timing |
|---|---|---|
| 1. Pilot a new volunteer development program | a) Finalize program design <br> b) Hire program facilitator <br> c) Launch program | - August to September (6 weeks) <br> - October to November <br> - December to February |
| 2. Evaluate Results | a) analyze participant data <br> b) compile report outlining the learnings and pilot results | - February <br> - March |
| 3. Present Report to Board of Directors | a) share findings | - April Board of Directors Meeting |

## Section D – Community Development and Engagement

Describe how your proposed project will strengthen community development and engagement in Lambton County, including the people, organizations, or sectors that will benefit and the long-term social or economic value it will create. *

In your response, please address the areas below as they relate to your project.

**Community Development and Social Impact**

Consider how your project will:

- Support people in the community (youth, families, seniors, specific groups)
- Expand access to programs, services, or supports
- Enhance cultural, social, or community wellbeing
- Contribute to inclusion, connection, or quality of life

**Organizational and Community Capacity-Building**

Consider how your project will:

- strengthen your organization's ability to deliver services
- build skills, knowledge, or resources for community partners
- create tools, systems, or processes that support long-term development
- support volunteer development or workforce readiness

### Innovation, Technology and Process Improvement

If applicable, describe how your project will introduce:

- new tools, systems, or technologies
- improved processes or new approaches to service delivery
- enhancements in efficiency, accessibility, or overall impact

Explain how this innovation will benefit your organization, your stakeholders, and the broader community.

### Beneficiaries and Expected Improvements

Identify who will benefit from this project (individuals, groups, organizations, or the wider community) and describe how they will benefit in both the short and long term.

(max of 500 words – your answer may use bullet points or paragraph format.)

### SECTION E — Partnerships & Collaboration

Will your project involve any partners, collaborators, or stakeholder organizations? *

- ☐ Yes
- ☐ No

If yes, please describe the partnerships or collaborations involved in your project.

In your response, please include the following (as applicable):

- Partner or organization names
- Their role in the project (planning, development, delivery, outreach, expertise, funding, facilities, etc.)
- How they will contribute to the success of the project
- How stakeholders or participant groups will be engaged throughout the project
- If applicable, how responsibilities will be shared when co-delivering the project

(max 250 words your answer may use bullet points or paragraph format.)

## SECTION F —Sustainability & Long-Term Impact

Is this the first year for this project? * Yes _____ No _____

Will this project continue in subsequent years? * Yes _____ No _____

**If yes**, please describe how you expect it to continue.
How will the project be sustained after Community Futures Grant funding ends?
(e.g. ongoing funding sources, internal capacity, partnerships, staffing, systems, or resources that support long-term continuation)

(max 150 words)

## SECTION G — Project Risk & Mitigation

Identify the key risks that could affect the successful implementation of your project and describe how you will manage or reduce each of these risks.

In your response, consider risks related to project delivery, capacity, adoption, sustainability, technology, partnerships, or long-term impact.

Examples of risks you may wish to include (as applicable):
### Implementation & Timeline Risks

- Delays in project start or completion
- Challenges meeting key milestones
- Dependencies on third parties (consultants, vendors, facilitators)

### Organizational Capacity & Staffing Risks

- Limited staff or volunteer capacity
- Competing organizational priorities
- Turnover or availability of key personnel

**Technology & Systems Risks**

- Difficulty implementing or integrating new tools or software
- User adoption challenges (staff, volunteers, participants)
- Technical failures, data security, or system compatibility issues

**Financial & Resource Risks**

- Budget overruns or cost increases
- Delays in securing other funding sources
- Limited resources to sustain the project beyond the grant period

**Stakeholder & Partnership Risks**

- Limited engagement from partners or participants
- Misalignment of expectations or responsibilities
- Communication challenges between collaborators

**Sustainability & Long-Term Impact Risks**

- Difficulty maintaining outcomes after project completion
- Insufficient capacity to continue or scale the project
- Lower-than-expected uptake or community impact

Please complete the following table, listing each identified risk and your planned mitigation approach:

| Identified Risk<br>(max 10-12 words) | Mitigations Strategy<br>(how you will prevent or manage this risk; max 25-30 words) |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

(***you may add additional rows as needed)

**SECTION H — Project Budget**

**NOTE:**

You can apply for $500 and up to $5,000 to cover your project costs.

Community Futures Grant funding will only cover project costs that fall within the following categories:

- Personnel Costs – these are costs incurred to hire an individual(s) to support the successful execution of your event.
- Project Costs
    - Purchases services
    - Workshops and/or Meetings (rental space and all associated costs)
    - Supplies and/or materials
    - Non-fixed equipment purchases or rental

What is the TOTAL cost of this project: * $ _____

List all sources of funding, including the Community Futures grand funding you have requested) *
(max 200 words)

[blank text box]

What portion of your total project costs does the Community Futures Grant represent? * _____%

Using the below project budget, please provide a breakdown of how Community Futures grant funds will be used, listing each eligible project cost and the amount requested. *

(Please use the SAMPLE Project Budget below as a reference)

| BUDGET CATEGORY (Maximum 10 words) | COST BREAKDOWN & REQUESTED AMOUNT (Maximum 25 words) |
|---|---|
| **Personnel Costs** | Item |
| | Item |
| | **Subtotal** |
| **Project Costs** | Item |
| | Item |
| | Item |
| | **Subtotal** |
| **TOTAL REQUESTED CF GRANT FUNDING** | **$** |

**Below is a SAMPLE Project Budget**

| BUDGET CATEGORY (Maximum 10 words) | COST BREAKDOWN and REQUESTED AMOUNT (Maximum 25 words) |
|---|---|
| **Personnel Costs** *External Facilitator* | John Smith, ABC Facilitation $100/hour x 8 hours = $800. + HST |
| | **Subtotal - Personnel Costs:  $904** |
| **Project Costs** *Printing of Participant Workbooks* | $10 per 50-page workbook x  50 volunteer participants $500 + HST = $565 |
| *Rental of Workshop Space* | $400/day + HST + 15% gratuities ($400 + $52 + $60) = $512 |
| *Lunches for Participants* | 50 Bento lunches x $12/per person + HST + 15% gratuity ($600 + $78 + $90) = $768 |
| | **Subtotal – Project Costs:  $1,845** |
| **TOTAL REQUESTED CF GRANT FUNDING** | **$2,750** |

**SECTION I — Project Results**
Describe the key results you expect your project to achieve and the evidence you will use to determine whether these results were met.

In your response, consider both quantitative (measurable data) and qualitative (feedback, observations, outcomes) results related to community development, organizational capacity, skills development, innovation, or service improvement.

Examples of outcomes you may wish to consider (as applicable):

**Community & Social Impact**
- Improved access to programs, services, or supports
- Increased engagement among youth, volunteers, or specific community groups
- Strengthened community connection, inclusion, or wellbeing

**Organizational & Community Capacity**
- Improved efficiency or effectiveness of programs or services
- Stronger internal systems, tools, or processes
- Increased ability to serve more people or deliver higher-quality services

**Skills Development, Education & Training**
- Number of individuals trained
- Improved skills, knowledge, or confidence among participants
- Enhanced workforce readiness or volunteer capability

**Innovation & Technology Outcomes**
- Successful implementation of new tools, systems, or technologies
- Improved service delivery, accessibility, or data tracking
- Increased adoption or use of new processes or platforms

Please complete the table below to outline expected outcomes for your project and describe how you will measure or demonstrate success for each outcome.

| Expected Outcomes (max 12-15 words) | Evidence / How you will measure success (max 30-40 words) |
|---|---|
|  |  |
|  |  |
|  |  |

(***additional rows may be added if necessary)

If applicable, how will you determine whether the project should be expanded, continued, or improved in future years? Consider factors such as demand, effectiveness, sustainability, organizational capacity, partnerships, or long-term community impact.
(max 200 words)

## CERTIFICATION

☐ I/we certify that the information contained in this application and the accompanying documents is true, accurate and complete. *

☐ I/we understand the importance of avoiding any conflicts of interest (or the appearance thereof) when obtaining goods and services. *

☐ I/we understand that should this application be approved, our organization will enter an agreement with Community Futures Lambton that is based on the information in this application. *

☐ I/we understand that should this application be approved, a one-page final report on the project for which the funding was provided will be required and that this report must include all relevant receipts to support the use of grant funds. *

☐ I/we understand that Community Futures Lambton may hold back a portion of the grant funding until such time as the final report on the project is received. *

☐ I/we understand that should this application be approved, Community Futures Lambton will provide brand guidelines and expectations for their recognition as a funder of the project. *

☐ Further to the above, I/we agree to utilize every opportunity to publicly recognize Community Futures Lambton for their grant funding contribution in accordance with the branding guidelines provided. *

☐ I/we understand that should this application be approved, Community Futures Lambton will publicly announce and share details on my/our project. *

☐ A representative with designated signing / decision-making authority has authorized this application. *


Lead Applicant Name*          _____

Lead Applicant Position*      _____

Signature*                    _____

Date*                         _____


*******

**Please note:** Applications must be submitted between **March 1, 2026, and March 31, 2026**, to be eligible for review by the adjudication committee.

You can submit your completed application by:
- 🔷 **Online:** Via the online application: cflambton.com
- 📧 **Email:** info@cflambton.com
- 📍 **In-Person Drop-Off:** CFL Office – 346 Christina Street N., Sarnia, ON N7T 5V7