



## The Woolwich Community Fund - 2024 Application

To make it easier for your organization to apply, we are providing a copy of the full application on our website so that your organization can see the questions in advance. To access the actual application, please visit [here](#).

### Primary Contact:

1. Name
2. Pronoun
3. Job Title
4. Email Address
5. Phone Number
6. Extension (if applicable)

### Executive Contact Information

7. Is your Executive Contact different than the Primary Contact listed above?
  - a. No
  - b. If Yes:
8. Executive Contact Name
9. Executive Contact Title
10. Executive Contact Email
11. Executive Contact Phone Number
12. Executive Contact Extension (if applicable)

### Organization Information:

13. Organization Legal Name
14. Organization Operating Name
15. Organization Address
16. Website (if applicable)
17. Is your organization a CRA registered charity?
  - a. If Yes – What is your CRA number?
  - b. If No,
    - We do not have a partner for this application – *(this section populates only for applicants who select this option)*. If your organization is not a registered charity or a qualified donee under CRA guidelines, you will have to find a fiscal partner before proceeding with your application. A list of qualified donees can be found at: [https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyBscSrch?request\\_locale=en](https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyBscSrch?request_locale=en). Learn more at WRCF's website ([www.wrcf.ca/fiscal-partnership](http://www.wrcf.ca/fiscal-partnership)) or contact us for more information on this process, and we would be happy to assist you.
  - c. If No, but we have a fiscal partner – *(the next section populates only for applicants who select this option)*

### Fiscal Partner Information: *(only completed if require a fiscal partner)*

18. Fiscal Partner Organization Name



19. Fiscal Partner Organization Address
20. Fiscal Partner Organization CRA number
21. Fiscal Partner Contact Name
22. Fiscal Partner Contact Title
23. Fiscal Partner Contact Email
24. Fiscal Partner Contact Phone Number
25. Fiscal Partner Contact Extension (if applicable)
26. Signed Fiscal Partnership Form

**Application Information:**

27. What are your organization's primary activities?
28. Initiative Title
29. One Sentence Summary
30. Initiative Description
31. Total Initiative Cost
32. Amount Requested from The Woolwich Community Fund (Maximum of \$5,000)
33. If the grant cannot cover the total amount requested, what would be the minimum amount needed to successfully continue with the initiative?
34. Initiative Budget (file upload)
35. Overview (What do you want to do? Who will do the work? Will volunteers be involved? How will the work be done? Who will benefit? How many? Where will the activity(ies) take place? (i.e. which community(ies), neighbourhood(s), etc.))
36. How will this initiative serve the residents of Woolwich?
37. How is your organization attracting and supporting diverse populations through this initiative?
38. Have you received funding for this initiative in the last 2 years from The Woolwich Community Fund?
  - a. If yes, is there anything different in this application?
39. What ages of children and/or youth will this initiative support? (ages 0-5, 6-10, 11-15, 16-20)
40. If you are approved for a grant, when would the activities begin and end?
41. How will you measure the success of this initiative?
42. Additional Supporting Documents (optional file upload)