**APPLICATION FOR THE LWF RATEPAYERS ASSOCIATION GRANT**

Lakeview Winsor Junction Fall River (LWF) Ratepayers Association is pleased to support recreational opportunities and community based initiatives which benefit the residents within the LWF Rate Paying communities by promoting an active, healthy, involved community for all ages. This grant program can support start-up of programs; community events; or capital projects which will improve or increase recreation opportunities for residents within the LWF Rate Payers Area.

Grants are awarded on a tri-annual basis by the LWFRA that reviews each application. This grant program will differ year to year based on funding availability.

**Application Process**

1. Applicants must complete the application form and complete the supplementary information to ensure review of their application – applicants who do not adhere to the form will not be considered. Additional information may be included as an addendum.
2. Applicants must submit one hard copy of the completed application form. Applications must be received by the *LWFRA* on or before 4:00 p.m. on *May 1th,* for the first grant period, November 1st, for the second grant period, and February 1st for the third grant period of the calendar year.
3. **Please deliver application packages to:**

LWFRA Board of Directors

P.O Box 2035 Fall River, NS B0N 2T0

re: Application for the LWF Ratepayers Association Grant

To coordinate drop-off email: [lwfrainfo@gmail.com](mailto:lwfrainfo@gmail.com)

1. The LWF Community Grants review and approval process may take several weeks to complete. Applications may be approved for some or all of the funding being requested\*. Grant applicants will be notified as to the final status of their application within two months of the application deadline.
2. Successful grant recipients will be asked to sign a Letter of Agreement to establish the reporting schedule, the distribution of funds, and restrictions and/or guidelines surrounding the use of funds. It is the responsibility of the recipient to inform the LWFRA of any changes in expenditures of the funds or the objectives of the project. If a group fails to complete a final report, they shall not be able to apply for future grants until all reporting is completed and deemed in good standing with the LWFRA.
3. The LWFRA reserves the right to delay and/or withdraw funding if the stipulations of the Letter of Agreement are not being met, or if it is suspected that the funds are not being spent appropriately.

\* Funding is subject to availability.

Application Criteria

Please review the following criteria carefully to ensure that your project is eligible for an LWFRA Community Grant:

1. The proposed grant request will be evaluated based on how high the application scores on the following criteria;

* Provide details of how project will improves recreation experiences for LWFRA residents.
* Proves how project will facilitate social interaction for people in the community.
* Number of rate payers who would benefit ?
* Shows a variety of other funding support (i.e. Fund-raising, members fees)
* Dependence of the project upon the funding requested
* Location of project (must take place within the LWFRA boundaries)
* Duration of impact felt by the project (Long term benefits to the community will be weighted higher)
* Budget provided is clear, detailed, and deemed reasonable).
* Identifies and addresses a need and provides details of overall benefit to the community (Tell how the funding is being used to meet needs/gaps that no other service, project is providing in the area).

1. Who can apply?

* Applicants must be in good standing with registry of joint stocks.
* Applicants or Applicants member(s) must be based in the rate-paying community.
* Private, for-profit groups, schools, or an individual will not be considered.
* Organizations or groups who fails to complete a final report, they shall not be able to apply for future grants until all reporting is completed and deemed in good standing with the LWFRA.

1. The successful applicants must demonstrate financial accountability by reporting on budget expenditures. **\*Please note: All applicants who are requesting more than $5000 must submit a review engagement or audited financial statement for their organization.**
2. It is expected that the proposed project will be completed within one year, though extensions may be granted on a case-by-case basis.
3. We will not consider applications for - :

* Long term operational funding
* Capital purchases (i.e. infrastructure, equipment, furniture, technology) unless such purchases are required for the implementation of a specific program
* Funding towards capital campaigns or foundations

1. When applying for a grant on behalf of a partnership or group of organizations, each organization must provide a letter of support from its respective leader, in the grant application package. When applying as part of a partnership, the lead applicant must be based in the LWF Area. The program or project needs to take place in the LWF Area.

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| Application Form (page 1/2) |
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| For Office Use only;APPLICATION NUMBER: DATE RECEIVED: |
| Description Funding Request/Project Name: |
| Amount of Funding Requested in this Application: |
| Group(s)/Organization Name: |
| Mailing Address: Street Address City Postal Code |
| Organizational leader (i.e. Executive Director):(*the person who has signing authority for your organization)*Name & Title:Address (if different from above): Email:  Phone contact: |
| **Contact person**:  (***the person who would be responsible for preparing ongoing reports on this project)***  Name & Title:  Address (if different from above):  Email:  Phone contact: |
| Application Form (page 2/2) |
| Please check the LWFRA criteria that your project addresses (The higher an application scores on criteria increases funding outcomes);  * Provide details of how project will improves recreation experiences for LWFRA residents. * Proves how project will facilitate social interaction for people in the community. * Number of rate payers who would benefit? * Shows a variety of other funding support (i.e. Fund-raising, members fees) * Dependence of the project upon the funding requested * Location of project (must take place within the LWFRA boundaries) * Duration of impact felt by the project (Long term benefits to the community will be weighted higher) * Budget provided is clear, detailed, and deemed reasonable). * Identifies and addresses a need and provides details of overall benefit to the community (Tell how the funding is being used to meet needs/gaps that no other service, project is providing in the area). |
| Applicants must be in good standing with Joint Stock Registry.If you are a registered non-profit, please provide your organization’s name: |
| **Has your organization received an LWF Community Grant in the past?** |

**APPLICATION SUPPLEMENTAL INFORMATION**

Please provide the information requested below with as much detail as possible to help the LWFRA Committee evaluate and consider your project (refer to criteria above).

**A: Organizational Description:**

1. Describe your organization’s mandate/purpose.
2. Please indicate how your organization is funded, and describe all funding sources including government, corporate and fundraising.
3. If you are requesting a grant of more than $5000, please include an audited financial statement or a review engagement for your organization.

**B: Project Description - Provide a clear outline of your project, including the following:**

1. A short summary/description of your project, with start and end dates
2. Project goals and objectives
3. A detailed implementation plan, including timeline for achieving specific objectives. What are the long/short term effects of this project?
4. Target audiences for your project:

* Who are they?
* How many people will you reach?
* What communities will you reach?
* What benefits will LWFRA residents receive from the project?
* How will you attract participants?

1. Project contributors:

* Please list specific community partners, organizations, agencies, etc. who will be assisting with this project
* Please include letters of support from major partners detailing their contribution to the project

1. Evaluation plan - detail how you intend to measure the success of the project
2. Expected long term sustainability and growth of your program
3. Alternate plan - If you do not receive the total amount of funding requested, what would your alternate plan be?

**C: Budget Request**

Please provide in as much detail as possible a breakdown of the project expenditures, and project revenue sources. Please note any matching funds and the contributor or in-kind donations, and the estimated cost of the services being provided. Attach additional pages if necessary.

*Please note: If you are applying for a grant of more than $5000, you must attach a review engagement or an audited financial statement for your organization to this budget page.*

|  |  |
| --- | --- |
| Project Expenditures; | Expenditure Amount ($) |
|  |  |
| Other Project Revenue Sources; | Revenue Amount ($) |
|  |  |
| FUNDING REQUESTED = Expenditure ($) – Revenue ($) |  |

**D: Signatures** *(Please note: this application must have TWO signatures in order to be complete.)*

**On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I verify that all information represented in this**

***(organization name)***

**application is accurate.**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Organizational Leader\*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position, Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print or type name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  *\* Organizational Leader is the Executive Director or person who has signing authority for your organization.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Second Signatory\*\*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position, Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print or type name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  *\*\* The Second Signatory can be the Chair of the Board, Treasurer, or a major project partner. If you are unsure, please contact the LWFRA.for clarification.* |