



# SNOW ANGELS COMMUNITY GRANT WINTER 2022 FUNDING APPLICATION (up to a maximum of \$15,000)

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The deadline for Snow Angels Community Grant applications is **June 16, 2022 at 4:45 p.m.**

**Please note that late or incomplete applications will not be considered for funding.**

## **Instructions:**

- Read the Snow Angels Community Grant Guidelines before completing this application; it provides guidance on answering the questions.
- Submit ONE application per organization.
- Ensure the report contains two authorizing signatures.
- Ensure all attachments have been included. **Please note that only the requested supportive information and documents will be reviewed.**
- Keep one copy of this completed application form and attachments for your records.

## **Questions:**

General inquiries regarding the Snow Angels Community Grant Program may be directed to:  
(306) 777-7507 or [communityinvestments@regina.ca](mailto:communityinvestments@regina.ca)

## Submission Guidelines

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Applicant may submit their application and all applicable attachments through electronic transmission, or hand delivered to City Hall.

## **Electronic:**

Applications and attachments provided electronically are to be sent to:

[communityinvestments@regina.ca](mailto:communityinvestments@regina.ca)

All documents are required to be in a PDF, MS Word, or Excel format.

## **Hand Delivered:**

Applications can be delivered in person to the Ambassador's Desk on the Main Floor at City Hall (2476 Victoria Ave), with Attention to 6<sup>th</sup> Floor, Community Investments. Materials submitted to the Community Investments Office will not be returned.



# SNOW ANGELS COMMUNITY GRANT WINTER 2022/2023 FUNDING APPLICATION

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Instructions:

- Keep one copy of this completed application form and attachments for your records.
- Number all attachments.

**GENERAL INFORMATION:**

1. **Applicant and/or  
Group Name:**

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. **Contact Person:**

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. **Alternate Contact:**

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

4. **Name of Project:**

Project Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

5. **Amount of Request:** \$ \_\_\_\_\_

**Attachments** (number all attachments to correspond with this list):

- #1 – Schedule of Work, which includes information on the timeline/planning of the project (e.g., who does what, when do they do it, etc.).
- #2 – Project Budget, which includes a list of estimated revenues (including this grant and other confirmed and pending funding sources such as sponsorships and in-kind donations) and estimated expenses. (Including what this grant funding will be used for).
- #3 - Certificate of Insurance, which includes the policy number, the insurer, amount of coverage and current expiry or policy renewal date. Note: If you are a Community Association (Phase I, II or III) or Zone Board, you do not need to attach this, as the insurance you access through the City is sufficient.



## **B) PROGRAM MERIT**

3. Provide a brief summary of how you plan to facilitate your program. This information should overview how you will provide a volunteer based program in your community, any timelines, and any partnerships or other organizations that will be involved. If you have run this program before, please list what changes will you be making from previous years.

### **C) COMMUNITY NEED**

The target segments of the population that would benefit from this type of program are people with disabilities or mobility challenges, seniors/older adults, and those who otherwise would not be able to access this type of a service.

4. What demographics will your program support? How will you identify and connect to residents in need of this program?

## **D) COMMUNITY IMPACT**

5. How will you evaluate the impact of your initiative as it relates to accessibility during winter months?

6. How are you measuring the outputs (i.e., feet of cleared sidewalk, number of shovelings, number of residents served, number of volunteers)?

## **E) ACCESSIBILITY**

7. How will you work to minimize or remove barriers to participation or access? How will you ensure your program is easily accessible during the intake process?

8. What will you do to ensure the health and safety of your volunteers?

## F) FINANCIAL NEED AND BUDGET

9. Based on your completed budget details, please provide a brief summary of the current funding status of your initiative and explain why City funds are required. If the City does not provide funding, what will the impact be to your initiative? (500 words or less)

10. Attach a budget with confirmed and expected revenue and expenses of your activity for the funding period. Include both eligible and ineligible expenses, as stated in the Snow Angles Community Grant Guidelines. The expenses should only list those directly relevant for the proposal.

Overhead costs (such as rent or permanent staff wages) can only comprise up to 35 per cent of the total activity budget.

Please refer to the following list of possible revenues and expenses for providing your budget details:

- | <b>Revenue</b>  | <b>Expenses</b>  |
|---|--|
| <ul style="list-style-type: none"><li>○ Contribution from your organization</li><li>○ Donations/ Fundraising</li><li>○ In-kind Contributions</li></ul>                          | <ul style="list-style-type: none"><li>○ Administrative Costs (e.g. rental fees)</li><li>○ Project Costs (e.g. supplies, materials)</li><li>○ Marketing/Promotion (e.g. design, printing)</li></ul> |
| <ul style="list-style-type: none"><li>○ Government Contributions</li><li>○ Sales Revenue</li><li>○ Community Funders (e.g. non-profit agency)</li><li>○ Other Sources</li></ul> |  |



# APPLICATION AGREEMENT

## Use of Money

The Organization hereby agrees to use any money or services provided to the Organization only in the manner set out in this application and agrees to comply with any conditions as set out in the approval letter issued by the City. The City reserves the right to demand, at any time, the return of any monies or a portion of the monies, and the Organization agrees to return the monies, if the Organization: does not comply with the conditions set out in this application or the approval letter, uses the money in a manner that, in the opinion of the City, is inconsistent with the objectives of the Community Investment Grants Program, does not use the money in accordance with the description of the intended use of the funds as set out in this application, if the undersigned made a material misrepresentation in the application, if the Organization did not use all of the money or if the organization used the money for something not described in this Application without the written consent of the City.

## Compliance with Bylaws and Policies

Organizations receiving funding from the City of Regina must abide by City's bylaws, policies, and procedures. Subsequent incidents will result in the group being ineligible for grants in the future, as well as agreeing to the return of funds, as outlined in the application agreement. If an organization has been advised of a City policy or procedure and does not comply with it, then this breach will be treated in the same manner as a breach of a City Bylaw.

## Freedom of Information and Protection of Privacy

The City of Regina is committed to protecting the privacy and confidentiality of personal information. All personal information that is collected by the City is done so in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*. The information collected in this application will be used to administer the Community Investment Grants Program. De-identified, aggregate information will be used by City of Regina for program planning and evaluation. This application will be distributed to the adjudicators of the Community Investment Grants Program.

## Representations

In making this application, we the undersigned hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate, that we have read and agree to comply with the Grant Guidelines and the application is made on behalf of the above-named applicant's full knowledge and consent. \*In the case of a not for profit organization, one signatory must be a Board Member.

## Two signatures are required:

Name* (print)	Signature	Position	Date
Board Member or Name* (print)	Signature	Position	Date