## **Emergency Fund Application Not-for-Profit Organizations**

## Reminder: In order to avoid a loss of information , please save application prior to filling in.

| Part 1 Organization Information                 |  |  |  |
|---|--|--|--|
| Organization Name:                              |  |  |  |
| Contact Name:                                   |  |  |  |
| Contact Information:                            |  |  |  |
| Website:  |  |  |  |
| Sector:   |  |  |  |
| Arts and Culture                                |  |  |  |
| Environment                                     |  |  |  |
| Human and Social Services                       |  |  |  |
| Recreation and Sport                            |  |  |  |
| Other (please specify):                         |  |  |  |
| Mission Statement: (Use 200 characters or less) |  |  |  |

## **1. Eligibility Requirements**

To be eligible, organizations need to be able to answer "yes" to the following questions: (organizations may be asked to demonstrate their eligibility)

Are the funds being requested to be used to benefit Guelph residents?

Is your organization an incorporated not-for-profit OR registered charity?

Does your organization have a volunteer board of directors?

Has your organization been in operations for at least one year?

Does your organization have either 1) a location in Guelph, or 2) over half of participants be from Guelph?

Is your organization in good standing with the City of Guelph?

| 2. Funding Request  |  |  |  |  |  |
|---|--|--|--|--|--|
| What is your funding request (up to a maximum of \$30,000)? \$  |  |  |  |  |  |
| If the City is not able to fully fund your request, is partial funding acceptable?  |  |  |  |  |  |
| Yes No  |  |  |  |  |  |
| Part 2 Organization and Program Information   |  |  |  |  |  |
| <ol> <li>How has the COVID-19 pandemic affected your organization (changing<br/>community needs, need to adapt projects and initiatives, financial challenges)?<br/>(Use 300 characters or less)</li> </ol> |  |  |  |  |  |
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|   |  |  |  |  |  |
| <ol> <li>Briefly describe the projects/initiatives offered by your organization.<br/>(Use 300 characters or less)</li> </ol>  |  |  |  |  |  |
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|   |  |  |  |  |  |
| <ol> <li>Briefly describe the project/initiative which you are applying for funding.<br/>(Use 300 characters or less)</li> </ol>  |  |  |  |  |  |
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|   |  |  |  |  |  |
| 6. How many Guelph residence do you foresee benefiting from your project or initiative?   |  |  |  |  |  |

## Part 3 Fund Goals & Pandemic Response

Select the Emergency Fund goal that best reflects your project/initiative. Briefly explain how your organization plans to achieve this goal and the effect achieving the goal will have in the future.

7. Emergency Fund Goal

How will your organization achieve this goal? (Use 1000 characters or less)

How will achieving the above goal effect the future of your organization? (Use 500 characters or less)

8. Tell us about the impact your project/initiative will make in the lives of Guelph residents. How will the community, or lives of residents, be different as a result of your work? What will change for them? (Use 500 characters or less)

| pi oject/              |                             | ou collaborate<br>Jse 500 chara | e or partner wi<br>acters or less) | th in deliverin | g your                                |
|------------------------|-----------------------------|---------------------------------|------------------------------------|-----------------|---------------------------------------|
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        | inancials                   |                                 |                                    |                 |                                       |
| 10. To help<br>plans c | o assess the<br>or commitme |                                 |                                    |                 | ease describe<br>tit, or reserves, if |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |
|                        |                             |                                 |                                    |                 |                                       |

Please complete the budget below for the organizational fiscal year in which you intend to spend the Emergency Fund. Include any and all projected revenues and expenses to the end of the fiscal year.

Please attach your latest financial statements either audited or unaudited. Note that if you applied for the Guelph Community Grant for 2020, and your financial statements have not changed, check here instead

| 11. Budget Summary      |                |                     |  |  |  |  |
|-------------------------|----------------|---------------------|--|--|--|--|
|                         | PROJECT BUDGET | ORGANIZATION BUDGET |  |  |  |  |
|                         |                |                     |  |  |  |  |
|                         | to             | to                  |  |  |  |  |
|                         | (yy/mm/dd)     | (yy/mm/dd)          |  |  |  |  |
| REVENUE                 |                |                     |  |  |  |  |
| City of Guelph Grant    |                |                     |  |  |  |  |
| Other City of Guelph    |                |                     |  |  |  |  |
| Province of Ontario     |                |                     |  |  |  |  |
| Government of Canada    |                |                     |  |  |  |  |
| Other Grants            |                |                     |  |  |  |  |
| Fundraising/Donations   |                |                     |  |  |  |  |
| Program Revenues        |                |                     |  |  |  |  |
| Other Revenue           |                |                     |  |  |  |  |
| Other Revenue           |                |                     |  |  |  |  |
| Description             |                |                     |  |  |  |  |
| TOTAL REVENUES          |                |                     |  |  |  |  |
| EXPENSES                |                |                     |  |  |  |  |
| Salaries/Wages/Benefits |                |                     |  |  |  |  |
| Artistic Fees           |                |                     |  |  |  |  |
| Office/Administration   |                |                     |  |  |  |  |
| Lease Expenses          |                |                     |  |  |  |  |
| Fundraising Expenses    |                |                     |  |  |  |  |
| Program Expenses        |                |                     |  |  |  |  |
| Other Expenses          |                |                     |  |  |  |  |
| Other Expenses          |                |                     |  |  |  |  |
| Description             |                |                     |  |  |  |  |
| TOTAL EXPENSES          |                |                     |  |  |  |  |
|                         |                |                     |  |  |  |  |
| SURPLUS/(DEFICIT)       |                |                     |  |  |  |  |
|                         |                |                     |  |  |  |  |