**KELOWNA KIWANIS 2017 LEGACY FUND**

**2023 Grant Application**

**GUIDELINES**

Thank you for your interest in applying for a Kelowna Kiwanis 2017 Legacy Fund grant from the Central Okanagan Foundation. The **Grant Application** is attached to these guidelines. Please **DO NOT** include the guidelines when you submit your completed application to the Central Okanagan Foundation.

This Grant Application is for registered charities within the area defined as Central Okanagan School District 23 (this includes Lake Country, Kelowna, West Kelowna and Peachland). Please review the information below **prior** to completing this grant application.

**WHAT IS THE KELOWNA KIWANIS LEGACY 2017 FUND?**

What is the Central Okanagan Foundation?

The Kelowna Kiwanis 2017 Legacy Fund (Kiwanis Legacy Fund), a unique fund within the Central Okanagan Foundation, was created in a partnership between the Central Okanagan Foundation and the Kiwanis Clubs of Kelowna (KCK), to help registered charities whose mandates are aimed at supporting Children and Youth within the Central Okanagan.

INQUIRIES:

Please contact **Abbie Norrish**, Coordinator, Grants & Community Initiatives

Ph: 250-861-6160 E-mail: Abbie@centralokanaganfoundation.org

**THE GRANT APPLICATION PROCESS**

We invite eligible organizations to apply for a one-year grant for a PROJECT that meets the criteria for Children and Youth.

**DEADLINES:**

**Grant Application Deadline: *3:30 pm* on JUNE 15TH**

Or the closest working day after the 1st, if either day falls on a weekend.

Applications received after these deadlines will be returned to the applicant.

**NOTIFICATIONS:**

All organizations will be notified of the status of their application when COF Board approval is granted, approximately six to eight weeks after the grant application deadline.

**ELIGIBILIY**

The proposed PROJECT must support Children and Youth (birth to 19) within Central Okanagan Communities (School District 23).

* Subsequent **Grant** applicants for the same PROJECT will be reviewed for its merits within the community compared to other grant applications.

The recipient organization must be:

* Inclusive and open to the community
* Of benefit to the Children and Youth of the community
* All of the Kiwanis Legacy Fund grant **must be** directly spent on the PROJECT described in the grant application.

**INELIGIBILITY**

The recipient organization must not be:

* A business
* A fundraising group or committee
* A political party, political action group or lobby group
* A federal, provincial, regional, municipal or other local government
* A hospital or medical or health care facility
* A service club or correctional facility

The recipient organization must not use the funds granted for:

* Travel that is social, recreational or invitational in nature
* Travel or other costs related to administrative type meetings such as annual general meetings, board meetings or staff/board retreats
* Out of area (Central Okanagan) travel or expenditures or aid
* Sustaining endowment funds, retroactive, or third-party funding
* Professional development of a board and/or staff, organization members or volunteers
* Ongoing (including organization administration) / annual contractor’s fees (project only)
* Debt retirement, reserves and mortgage pay-downs
* Activities of a religious organization that primarily serves their membership/parishioners and/or for direct religious purposes. Funds cannot be used for renovations or maintenance of religious facilities.
* parishioners.
* School building construction
* Annual fund drives
* Improvements or additions to land or property which might revert to private ownership

**SOME THINGS YOU SHOULD KNOW & DO**

* **Only one** grant application from an organization in a twelve-month period is accepted.
* **Grant** requests can be to the maximum of **$15,000**
* The **Kiwanis Legacy Fund** is only for applications where the project occurs within the boundaries of School District #23.
* Funding **MUST** only be used to cover services and/or equipment for the project described in this application. Project administration costs acceptable up to 8% of the funds.
* Only organizations that hold a **current** Revenue Canada Registration # are eligible. If the organization applying is not a registered charity, an **Intermediary Agency Agreement** with a registered charity, **MUST** be included in the grant application package. For the agreement template, please contact the Central Okanagan Foundation granting staff.
* Applicants are encouraged to locate and include other funding sources for their projects or operational programs.
* Your responses are limited by the number of characters without spaces *(found under Review > Word Count)*

**YOUR GRANT APPLICATION IS IMPORTANT**

We encourage applicants to **contact**, **Coordinator, Grants & Community Initiatives, Abbie Norrish at 250-861-6160** to discuss your application prior to submission.

Please use the **CHECKLIST** (*found on the last page*) as you work through the application.

**NOTE: \*\*\* Submission Process\*\*\***

* Grant application forms **MUST** be completed in full and be legible.
* Please **EMAIL an ELECTRONIC VERSION of the COMPLETE** **Grant Application Package** (including attachments of supporting materials) to:

Abbie@centralokanaganfoundation.org

* The grant application **MUST** include the organization’s/society’s operational budget for the current year and accountant prepared or official financial statements for the last complete year of operation.
* Additional supporting documents, such as pictures, etc. **MUST NOT** exceed three (3) pages. (This does NOT include financial statements, Board Director list, quotes or support letters)
* If your organization received a Kiwanis Legacy Fund grant within the last 2 years a final report with PROJECT results, expenditures, and # of children/youth served **MUST** be provided before we can proceed with further requests for funding.

**KELOWNA KIWANIS (2017) LEGACY FUND GRANT APPLICATION**

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| **Section A1 – CONTACT INFORMATION – Applicant Organization** |
| Name of **ORGANIZATION**:*(legal entity)* |  |
| *The Business Identification Number is a 15-digit number that the Canada Revenue Agency (CRA) assigns to a business or organization to identify the accounts it has with the CRA.* |
| Charitable Registration BIN:  |  | RR: |  |
| Address: *(Street / City / PC))* |  |
| Mailing: *(if different from above)* |  |
| Website Address: |  |
| **PRIMARY** Contact Person: |  | Position: |  |
| Business Phone:  |  | Cell Ph.  |  |
| Email Address: |  |

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| **Section A2–GRANT DETAILS \* THIS PROJECT MUST STAY WITHIN SD#23 BOUNDARIES** |
| Grant Title:  |  |
| Does this program serve Children & Youth? |  | Approx. # served: |  | Requested Grant Amount: |  |
| Location of this PROJECT |  |

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| **Section A3 – Kelowna Kiwanis (2017) Legacy Fund GRANT HISTORY (last 5 years)** |

Please list grants received from the Kelowna Kiwanis 2017 Legacy Fund in the last five years.

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| **YEAR OF AWARD** | **PROJECT TITLE** | **AMOUNT RECEIVED** | **PROJECT CONCLUDED DATE** |
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| **Section A4 – RECOGNITION EXPECTATIONS of Grant**  |
| If your Grant Request is successful, **it is expected that your organization will publicly and appropriately recognize the COF Kiwanis Legacy Fund for their support** on your website with a link to both COF and Kiwanis websites, as well as your facebook and social media threads*.* ***All*** *recognition (signage and wording) will be pre-approved by the Central Okanagan Foundation & Kiwanis before displaying. (Official logos, website link and wording will be provided****).***  |
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| **Section A5 – ORGANIZATION INFORMATION** |
| 1. **Mission** and **Mandate** of your organization: *(maximum 1,000 characters)*
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| 1. Brief description of your **organization** and its **activities***: (max. 2,000 characters) (Point form)*
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| 1. Please attach a list of the organization’s current **Board of Directors**, positions & Term of Office
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| **SECTION B1 –PROJECT Grant Information** |
| 1. **Description of this PROJECT** that these funds would cover. Please include information on the **direct benefits** available for Children & Youth through this project and how it **will impact** the community. *(max. 2,000 characters)* Please be specific.
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| 1. Define each of the PROJECT’s **Objectives** andthe **Measurement tools** to be used. *(max. 2,000 characters)*
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| 1. **Timelines:** State the dates for each of the PROJECT’s **Tasks/Milestones**

 (including expected completion date). |
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| 1. How did your organization **establish the need** for this PROJECT? *(max. 1,000 characters)*
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| 1. Description of your organization’s **formalized partnerships and/or collaboration** on this project with other agencies and groups *(include* ***all*** *Partner Organizations and Services they provide)*: *If you do not have a relationship with a group that offers the same or similar service, explain why not. (max. 1,500 Characters)*

If your partner is a financial partner ONLY then do not list here – See Finance section |
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| 1. **Staffing / Volunteers** - **SPECIFIC TO THIS PROJECT**
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| Organization’s Number of Employees | Full Time: |  | Number of volunteers:  |  |
| Part time: (under 30 hrs/wk) |  | Approximate total volunteer hours: |  |

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| **Section C-1 Detailed PROJECT OPERATIONAL BUDGET Information** |

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| **THIS PROJECT ONLY EXPENSES** |
| **ITEM** | **CURRENT/PREVIOUS YEAR’S** | **PROPOSED** |
| **2022/2023 ACTUALS** | **2021/2022****BUDGET** |  **2023/24 BUDGET** |
| Wages/benefits |  |  |  |
| Project / Program Administration (up to 8 %) |  |  |  |
| Professional Fees, Honoraria |  |  |  |
| Rent/ Utilities/ Telephone |  |  |  |
| Equipment / Supplies *(include itemized list/costs)* |  |  |  |
| Printing/ Photocopying |  |  |  |
| Program Travel ONLY *(see section on Ineligibility)* |  |  |  |
| Publicity/ Promotion/ Distribution |  |  |  |
| Production Costs *(include itemized list/costs)* |  |  |  |
| In-kind contribution *(product or services)* |  |  |  |
| Other *(specify*) |  |  |  |
| Other *(specify)* |  |  |  |
| **TOTALS:** *\*The TOTALS in the boxes in bold must match.* |  |  | **\*** |

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| **PROJECT ONLY REVENUES** |
| **ITEM** | **CURRENT/PREVIOUS YEAR’S** | **PROPOSED** | **Funds Status** |
| **2022/2023 ACTUALS** | **2021/2022 BUDGET** | **2023/24 BUDGET** | **Assured** | **Potential** |
| GOVERNMENT: *(specify)* |  |  |  |  |  |
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| FOUNDATIONS: *(specify)* |  |  |  |  |  |
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| YOUR Organization’s Contribution |  |  |  |  |  |
| OTHER Contributors *(specify*) |  |  |  |  |  |
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| Cash |  |  |  |  |  |
| In-Kind Gifts |  |  |  |  |  |
| Volunteer Services (hrs X $15pp) |  |  |  |  |  |
| OTHER: (specify) |  |  |  |  |  |
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| **TOTALS:** |  |  | **\*** |  |  |

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| **Section C-2 FINANCIAL INFORMATION** |

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| 1. If the amount requested from the Kiwanis Legacy Fund is **not granted or not fully granted**, what would you do to **make up the difference** and/or how would you proceed differently? *(Max. 1,000 characters)*
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| 1. **If** your organization is currently operating from a **deficit position,** please explain why and provide evidence of the organization’s plan of action to remedy the situation (board minutes and relative resolutions are preferred): *(Maximum of 1200 characters)*
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| **Section D-1 INTERMEDIARY AGENCY** |
| * If you are submitting this application through an Intermediary Agency, **PLEASE COMPLETE THE INFORMATION BELOW.**
* An **Intermediary Agency Agreement** with a registered charity, **MUST** be included in the grant application package. For the agreement template, please contact the Central Okanagan Foundation granting staff.
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| Name of **ORGANIZATION**:*(legal entity)* |  |
| *The Business Identification Number is a 15-digit number that the Canada Revenue Agency (CRA) assigns to a business or organization to identify the accounts it has with the CRA.* |
| Charitable Registration BIN:  |  | RR: |  |
| Address: *(Street / City / PC))* |  |
| Mailing: *(if different from above)* |  |
| Website Address: |  |
| **PRIMARY** Contact Person: |  | Position: |  |
| Business Phone:  |  | Cell Ph:  |  |
| Email Address: |  |

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| **Section D AUTHORIZATION / VERIFICATION** |

**BOARD EXECUTIVE**

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| Name: |  | Position / Title: |  |
| Phone: |  | Email Address: |  |

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| Authorized Signature: |  | Date: |  |

**SENIOR STAFF – Authorized Signatory**

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| Name: |  | Position / Title: |  |
| Phone: |  | Email Address: |  |

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| Authorized Signature: |  | Date: |  |

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| **Email** to Abbie@centralokanaganfoundation.org : |  |  |
| Grant Application | Attached |  |
| Financial Statements for the last complete fiscal year | Attached |  |
| Itemized equipment / supplies list  | Attached |  |
| Itemized production costs lists |  |  |
| Support letters (partner agencies, participants) | Attached |  |
| Proof of Eligibility – Charity’s detail page (located at www.cra-arc.gc.ca) | Attached |  |
| List of Board of Directors | Attached |  |
| Intermediary Agency Agreement if not a registered charity (if applicable see “Some Things You Should Know & Do” pg2) | Attached |  |
| **Double Check:**  |  |  |
| PROJECT Grant – Detailed Budget (pg. 8) Include all funding sources. | Completed |  |
| Permission to share the attached application package with other donors (when/if a private donor is interested in the attached application; the signers of the attached application give COF staff and KIWANIS consent to share the attached application package with the interested donor). Please initial. | Agree & Initial |  |
| **SUBMIT BY JUNE 15 - Electronic version of the grant package Application (page 4 - 10) PLUS all supporting documents. DO NOT INCLUDE GUIDELINES (pages 1-3)** |   |  |
| *Please email electronic version of completed Grant Application Package including supporting materials to* *Abbie@centralokanaganfondation.org* |