

# 2025 Community Grants Program

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*Stratford Perth Community Foundation*

## *Applicant Information*

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### COMMUNITY GRANTS APPLICATION

#### HELPFUL TIPS:

The **SAVE** button is located at the bottom of the page to save and return to your application. We encourage you to **SAVE REGULARLY**.

The application can be printed by clicking on the **PDF QUESTION LIST** button located in the top, right corner of this page.

#### Organization Legal Name\*

What is your organization's **LEGAL NAME** as registered with the Canada Revenue Agency?

*Character Limit: 100*

#### Organization Public/Operating Name\*

Please provide the **PUBLIC NAME** your organization operates under. This name will be used for public recognition.

*Character Limit: 100*

#### Charitable Status\*

How is your organization's status recognized by the Canada Revenue Agency? If your organization is not one of the recognized categories below, your organization will need to partner with a **QUALIFIED DONEE** and submit a Qualified Donee Agreement.

##### Choices

Registered as a Charity for at least one (1) year and have filed at least one (1) T3010

Registered national arts service organization

Municipality in Canada

Municipal or public body performing a function of government

Government of Canada, a province, or a territory

None of the above

#### Mission Statement\*

What is your organization's **MISSION STATEMENT**?

*Character Limit: 250*

## Organization Geographic Area Served\*

What is the **GEOGRAPHIC AREA** your **ORGANIZATION** serves (May be different from the geographic area served by your project). Select **ALL** that apply.

### Choices

North Perth  
Perth East  
Perth South  
St. Marys  
Stratford  
West Perth

One of the next three sections will appear based on your response to the Charitable Status question above

## *Charitable Registration Number*

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### Charitable Registration Number\*

Please provide your full 15-digit charitable registration number without spaces (e.g. 123456789RR0005).

*Character Limit: 15*

## *Corporation Number*

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### Corporation Number\*

Please provide your Corporation Number without spaces.

*Character Limit: 15*

## *Qualified Donee Agreement*

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### Qualified Donee Agreement\*

If your organization is **NOT** a **REGISTERED CHARITY**, you are required to complete and attach a copy of the **Qualified Donee Agreement**.

Download the Qualified Donee Agreement [HERE](#)

*File Size Limit: 5 MB*

## *Project Information*

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### Project Name\*

Please provide the **name** of your organization's project. *Note: The Project Name will be used in SPCCF publications.*

*Character Limit: 100*

### Project Elevator Pitch\*

Please describe your organization's project in a few sentences to a paragraph. Please note that this short description may be shared with potential funders.

*Character Limit: 500*

### Full Project Explanation\*

Clearly and concisely explain your organization's project.

*Character Limit: 1500*

### Primary Project Geographic Area\*

Identify the **PRIMARY** geographic area for your organization's project.

#### Choices

North Perth  
Perth East  
Perth South  
St. Marys  
Stratford  
West Perth

### Secondary Project Geographic Area

If applicable, identify the **SECONDARY** geographic area(s) for your organization's project. Select **ALL** that apply.

#### Choices

North Perth  
Perth East  
Perth South  
St. Marys  
Stratford  
West Perth

### Primary Project Sector\*

Identify the **PRIMARY** sector that your organization's project will serve.

#### Choices

Animal Welfare  
Arts, Culture & Heritage  
Children & Youth  
Community Development  
Education & Literacy  
Environment & Conservation  
Equity, Diversity, Inclusion, and Accessibility  
Health & Wellness  
Indigenous Peoples & Reconciliation  
Recreation & Sports

Science & Technology  
Seniors  
Social Services

## Secondary Project Sectors\*

If applicable, identify the **SECONDARY** sector(s) that your organization's project will serve in addition to the primary sector chosen above. Select **ALL** that apply.

### Choices

Animal Welfare  
Arts, Culture & Heritage  
Children & Youth  
Community Development  
Education, Literacy  
Environment & Conservation  
Equity, Diversity, Inclusion, and Accessibility  
Health & Wellness  
Indigenous Peoples & Reconciliation  
Recreation, Sports  
Science & Technology  
Seniors  
Social Services

## Community Impact\*

Explain how your organization's project will positively impact the community. Please consider how your project will **ENHANCE QUALITY OF LIFE** and **FOSTER A SENSE OF BELONGING**.

*Character Limit: 2000*

## Collaboration

Is your organization collaborating with any other organizations or groups on your project? If yes, please provide a list and identify how each organization will be involved.

*Character Limit: 1500*

## Grant Request\*

What is the **GRANT AMOUNT** you are requesting for your organization's project? (**MAXIMUM REQUEST: \$7,500**)

*Character Limit: 20*

## Total Project Cost\*

What is the **TOTAL COST** for your organization's project?

*Character Limit: 20*

## Partial Funding\*

If full amount of your request is not available, would your project be able to proceed with **PARTIAL FUNDING**?

## Choices

Yes

No

## Grant Application Budget\*

Please attach a copy of your organization's **PROJECT BUDGET**. Application Budget Template can be found [HERE](#)

*File Size Limit: 5 MB*

## Board of Directors List\*

Please attach a list of your organization's current **BOARD OF DIRECTORS**, with board positions.

*File Size Limit: 5 MB*

The following section will appear if you selected 'Yes' when answering the Partial Funding question above

## *Partial Funding*

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### Partial Funding Amount\*

What is the **MINIMUM AMOUNT** that your organization can receive and still be able to proceed with the project?

*Character Limit: 20*

## *Applicant Declaration*

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### Applicant Declaration\*

#### APPLICANT DECLARATION

I certify I have read and understand the Stratford and Perth County Community Foundation's grant eligibility guidelines and confirm the information given in this application is, to the best of my knowledge, true. I, the undersigned, have the authority to sign this applicant declaration on behalf of the named applicant.

I understand that by submitting this application, I am authorizing the Stratford and Perth County Community Foundation to use the information contained herein, during the grant review process for the Community Foundation's **2025 COMMUNITY GRANTS PROGRAM**.

*(Please provide full name and work title)*

*Character Limit: 100*