2026 Community Grants Program

Stratford Perth Community Foundation

Applicant Information

HELPFUL TIPS:

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

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

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

Board of Directors List*

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

File Size Limit: 5 MB

Charitable Registration Number

Charitable Registration Number

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

Character Limit: 15

Qualified Donee Agreement

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

Grant Stream

Community Spark Grants

Up to $5,000

Community Spark Grants are open to organizations working across all charitable sectors. Whether your project supports arts and culture, recreation, children and youth, seniors, health, the environment, education or community connection, these grants are designed to be flexible, accessible and responsive to local opportunities.

Community Impact Grants

Up to $25,000

Community Impact Grants aim to support larger initiatives addressing shared community priories identified through local conversations, municipal engagement, community research and collaboration with partners across Perth County. Current priority areas include:

- Housing and affordability
- Food Security
- Mental Health and well-being
- Access to services in rural communities

Grant Stream*

What grant stream is your organization applying to?

Choices

Community Spark Grant (Up to $5,000)
Community Impact Grant (Up to $25,000)

Grant Request*

What is the **GRANT AMOUNT** you are requesting for your organization's project?

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

If you are applying for a Community Impact Grant, please attach a copy of your organization's **PROJECT BUDGET**. Application Budget Template can be found HERE

Project budgets are NOT required for Community Spark Grant applications.

File Size Limit: 5 MB

Primary Project Geographic Area*

Identity 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

Spark Grants Project Sectors

Spark 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

Spark Secondary Project Sector*

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

Impact Grants Project Sectors

Impact Primary Project Sector*

Identify the **PRIMARY** sector from SPCCF's current priority areas that your organization's project will serve.

Choices

Housing and affordability
Food security
Mental health and well-being
Access to services in rural communities

Impact 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

Project Information

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: 2500

Community Impact*

Explain how your organization's project will positively impact the community.

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

Applicant Declaration

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 **2026 COMMUNITY GRANTS PROGRAM**.

(Please provide full name and work title)

Character Limit: 100