

AFRICAN-CANADIAN CHRISTIAN NETWORK (ACCN)

GRANT APPLICATION

Please carefully read the Funding Guidelines before you complete this application.

The guidelines explain the types of projects that the ACCN will fund, and further explains who can apply. It also provides a guide for the answers that we need to determine approval of any project.

You MUST answer ALL questions in the application.

The application was designed for you to complete using Microsoft Word. Additional copies in Microsoft Word or .pdf format can be obtained from our website.

If you have further questions after reading the guidelines, please feel free to contact our office:

The African-Canadian Christian Network (ACCN)

60 Signet Drive, 3RD Floor

Toronto, ON, M9L 2Y4

T: 416-744-3084

F: 416-744-0826

e-mail: info@accntoronto.com

web: www.accntoronto.com

Application deadline: February 12th, 2008 at 4:00 p.m.

AFRICAN-CANADIAN CHRISTIAN NETWORK (ACCN)

TORONTO CHURCH AND COMMUNITY PROJECTS TO REDUCE AND PREVENT YOUTH VIOLENCE

GRANT APPLICATION

Please Type in the fields provided

SECTION A – PROJECT OVERVIEW

1. <input type="checkbox"/> Single Applicant	2. <input type="checkbox"/> Partnership Applicant
3. Number of groups in the partnership: _____	4. Number of years working together: _____
5. Name of Partnership: _____	
6. Total amount of funding requested: _____	7. Length of project for which funding is requested (maximum period is 1 year): _____
<p>8. ACCN FUNDING PRIORITY: Please select the <u>primary</u> ACCN Funding that best relates to your project: _____ Family/Education/Employment/Justice</p>	
<p>9. Please check off any <u>other</u> ACCN Funding priority that may relate to your project:</p> <p><input type="checkbox"/> Family <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Justice</p>	
<p>10. How did you hear about the ACCN Fund:</p> <p><input type="checkbox"/> Newspaper <input type="checkbox"/> ACCN Staff or Volunteer <input type="checkbox"/> ACCN Presentation</p> <p><input type="checkbox"/> ACCN Website <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Word of Mouth</p> <p><input type="checkbox"/> Other (Please specify)</p>	

SECTION B - ORGANIZATIONAL OVERVIEW

LEAD APPLICANT INFORMATION				
1. Name of Church: _____				
2. Address: _____		3. Ward # in which church is located: _____		
4. City: _____		5. Postal Code: _____		
6. Tel # at which we can easily reach you: _____			7. Fax: _____	
8. E-mail address that you frequently check: _____			9. Website: _____	
10. Charitable Registration #: _____		11. Year of Registration: _____		
12. Church Contact Person: _____		13. Title: _____		
14. Address (if different): _____				
15. City: _____		16. Postal Code: _____		
17. Tel: _____		18. Fax: _____		
19. E-mail: _____		20. Website: _____		
21. How many staff and volunteers are actively involved in operating your community projects:				
Full-Time Staff: _____		Part-Time Staff: _____		Volunteers: _____
22. What is the primary focus of your organization's community outreach activities?				
<input type="checkbox"/> Arts and Culture		<input type="checkbox"/> Human and Social Services		
<input type="checkbox"/> Sports and Recreation		<input type="checkbox"/> Other (Please specify): _____		
23. Describe your typical community programming. Include a list of your current programs:				
Name of Program:	Weekly Frequency of Program:	Age range of Individuals in Attendance:	Number of Males:	Number of Females:
23.1 _____	_____	_____	_____	_____
23.2 _____	_____	_____	_____	_____
23.3 _____	_____	_____	_____	_____

23.4 _____	_____	_____	_____	_____
23.1 _____	_____	_____	_____	_____
24. Describe the ethnic background of the above population that you serve.				
Ethnic Background:		Percentage:		
24.1 _____	_____			
24.2 _____	_____			
24.3 _____	_____			
24.4 _____	_____			
24.5 _____	_____			

PARTNER INFORMATION (1)				
1. Name of Church or Community Partner: _____				
2. Address: _____		3. Ward # in which partner is located: _____		
4. City: _____		5. Postal Code: _____		
6. Tel: _____		7. Fax: _____		
8. E-mail: _____		9. Website: _____		
10. Church / Community Contact Person: _____		11. Title: _____		
12. Address (if different): _____				
13. City: _____		14. Postal Code: _____		
15. Tel: _____		16. Fax: _____		
17. E-mail: _____		18. Website: _____		
19. Charitable Registration Number: _____		20. Year of Charitable Registration: _____		
21. Non-Profit Registration Number: _____		22. Year of Non-Profit Registration: _____		
23. How many staff and volunteers are actively involved in operating your community projects:				
Full-Time Staff: _____		Part-Time Staff: _____		Volunteers: _____
24. What is the primary focus of your organization's community outreach activities?				
<input type="checkbox"/> Arts and Culture		<input type="checkbox"/> Human and Social Services		
<input type="checkbox"/> Sports and Recreation		<input type="checkbox"/> Other (Please specify): _____		
25. Describe your typical activities. Include a list of your current programs:				
Name of Program:	Weekly Frequency of Program:	Ages of Individuals in Attendance:	Number of Males:	Number of Females:
25.1 _____	_____	_____	_____	_____
25.2 _____	_____	_____	_____	_____

25.3 _____	_____	_____	_____	_____
25.4 _____	_____	_____	_____	_____
25.5 _____	_____	_____	_____	_____
26.1 Describe the ethnic background of the above population that you serve.				
Ethnic Background:			Percentage:	
26.1 _____	_____			
26.2 _____	_____			
26.3 _____	_____			
26.4 _____	_____			
26.5 _____	_____			

PARTNER CONTACT INFORMATION (2)				
1. Name of Church or Community Partner: _____				
2. Address: _____		3. Ward # in which partner is located: _____		
4. City: _____		5. Postal Code: _____		
6. Tel: _____		7. Fax: _____		
8. E-mail: _____		9. Website: _____		
10. Church / Community Contact Person: _____		11. Title: _____		
12. Address (if different): _____				
13. City: _____		14. Postal Code: _____		
15. Tel: _____		16. Fax: _____		
17. E-mail: _____		18. Website: _____		
19. Charitable Registration Number: _____		20. Year of Charitable Registration: _____		
21. Non-Profit Registration Number: _____		22. Year of Non-Profit Registration: _____		
23. How many staff and volunteers are actively involved in operating your community projects:				
Full-Time Staff: _____		Part-Time Staff: _____		Volunteers: _____
24. What is the primary focus of your organization's community outreach activities?				
<input type="checkbox"/> Arts and Culture		<input type="checkbox"/> Human and Social Services		
<input type="checkbox"/> Sports and Recreation		<input type="checkbox"/> Other (Please specify): _____		
25. Describe your typical community programs. Include a list of your current programs:				
Name of Program:	Weekly Frequency of Program:	Ages of Individuals in Attendance:	Number of Males:	Number of Females:
25.1 _____	_____	_____	_____	_____
25.2 _____	_____	_____	_____	_____

25.3 _____	_____	_____	_____	_____
25.4 _____	_____	_____	_____	_____
25.5 _____	_____	_____	_____	_____
26. Describe the ethnic background of the above population that you currently serve.				
Ethnic Background:			Percentage:	
26.1 _____	_____			
26.2 _____	_____			
26.3 _____	_____			
26.4 _____	_____			
26.5 _____	_____			

1. SECTION C – PROJECT DETAILS

<u>Project Overview</u>	
1.	What is the name of your project? _____
2.	In <u>60 words or less</u>, summarize the project for which you are asking funding. You will have the opportunity to tell us about your organization and to describe the project in detail later in the application. _____
3.	What is the service location for this project? Indicate the mailing address, including postal code and nearest major intersection: _____
4.	List other organizations offering a similar program and tell us why there is a vital need for yours to be funded by the ACCN. _____
<u>Project Objectives:</u>	
5.	List each of the objectives of the project that you intend to accomplish. This should be the “high level” results of what you want to accomplish in measurable terms. Each objective should be SMART:
<u>Specific</u>	What exactly are you going to do, with or for whom? Is there a description of a precise or specific behaviour / outcome which is linked to a rate, number, percentage or frequency?
<u>Measurable</u>	Is it measurable & can you measure it?
<u>Achievable</u>	Can you get it done in the timeframe/in this political climate/with this amount of money?
<u>Realistic</u>	Will this objective lead to the desired results?
<u>Timed</u>	When will you accomplish/ complete this objective?
5.1	_____
5.2	_____
5.3	_____
5.4	_____
5.5	_____
5.6	_____
5.7	_____
5.8	_____

5.9 _____

5.10 _____

6. Describe how the above objectives will help youth lead violent free and productive lives:

6.1 Benefit to your target population:

6.2 Benefit to your community:

6.3 Benefit to your organization:

Project Needs Assessment:

7. Have you completed a formal assessment of the needs of the target group that will be served by your project, taking into consideration the conditions that exist within the community?

Yes No If “yes” Please include a copy of your community needs assessment / community consultation with your application.

Tell us how your project responds to the identified needs of the community:

7.1 Who are your clients?

7.2 What challenges are they experiencing and Why?

7.3 What barriers prevent them from overcoming their challenges?

7.4 What will your project specifically do to help these clients overcome their challenges?

8. What other information do you have to indicate a need for this project? (Please attach statistics, secondary research, program evaluations, that you may have). Please attach relevant stastics, secondary research and evaluation that you may have.

Please list the names of your attachments and briefly describe the relevance of each attachment to your project:

8.1 _____

8.2 _____

8.3 _____

8.4 _____

8.5 _____

9. <u>Project Model / Design Details</u>				
	What do you want to accomplish?	What SMART objective (that you have listed earlier) is this addressing?	What problem is addressed in your target population?	What behaviour is this designed to change in your clients?
9.1	_____	_____	_____	_____
9.2	_____	_____	_____	_____
9.3	_____	_____	_____	_____
9.4	_____	_____	_____	_____
9.5	_____	_____	_____	_____
9.6	_____	_____	_____	_____
9.7	_____	_____	_____	_____
9.8	_____	_____	_____	_____
9.9	_____	_____	_____	_____
9.10	_____	_____	_____	_____

10. Have you done this project before? Yes No

If yes, describe the successes and the challenges that the organization experienced.

Successes:

Challenges:

11. Describe your organization's ability to carry out the goals of your project. List the skills, expertise/knowledge, resources that you have or planning to get to implement the project. If you currently have the staff to implement the project, please attach their resumes.

12. Indicate who will benefit from your project:

Individuals to be served	Males	Females
Ages 0 – 4	_____	_____
Ages 5 – 14	_____	_____
Ages 15 – 19	_____	_____
Ages 20 – 24	_____	_____
Ages 25 – 64	_____	_____
Ages 65+	_____	_____
Total Individuals	_____	_____

13. Describe the ethnic background of the above population that you serve.	
Ethnic Background:	Percentage:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. Describe how your program will be culturally sensitive to the needs of this population:

16. How will you evaluate the results of your activities? What tools will you use to track the progress of your activities? Who will complete the evaluation?

17. How will you involve volunteers in this project? How many volunteers and volunteer hours will be needed to implement? How do you plan to track your volunteer hours? List your plans for recruiting and training your volunteers.

18. Is there a charge to participants for your project? Yes No

If yes, what is the fee structure? Is the fee subsidized? By what percentage?

19. Describe how your proposal supports the granting priorities of the ACCN Fund? Begin with the primary priority and list the secondary priorities if applicable.

20. How do you plan to reach individuals in the community who do not access your current programs? How do you plan to retain them in your program?

PART D – PARTNERSHIP AGREEMENT

PLEASE USE ACCN’S SAMPLE PARTNERSHIP/COLLABORATIVE AGREEMENT ON THE WEBSITE AS A “GUIDE”

1. **List each partner’s involvement in planning, doing or evaluating the project and identify what each is contributing toward the planning and implementation (e.g. volunteers, space, and financial contribution). Please carefully consider each activity and indicate whether they will be shared or carried out by the lead or the partner.**

We urge you to have your legal consul review the agreement before signing. The ACCN will NOT accept an unsigned agreement.

Listed below are some of the specifics that are to be included in the partnership agreement:

- The name of the partnership
- Names and addresses of all parties
- Duration and timeframes of the agreement or the deadline by which the project must be completed
- A clear plan for how you will communicate on the project to the ACCN
- The purpose, the roles each partner will play
- Provision for how decisions will be made by the partnership
- Provision for how money will be spent and accounted for in the project
- Provision for how written reports will be prepared and submitted to the ACCN
- Provision for written progress reports submitted by the lead applicant to the ACCN
- Specific information on how the impact of the project on the Black community will be evaluated
- Signature of all parties
- Date of the agreement

SECTION E – FINANCIALS

PLEASE NOTE THAT THE ACCN WILL NOT FUND 100% OF YOUR PROJECT.

SUSTAINABILITY

1. If this is intended to be an ongoing activity, how will the project be sustained after the term of funding?

The ACCN has included 2 templates for you to list the Revenue and expenses for the project. In the template entitled Appendix B, list all sources of revenue and the corresponding expenses. In the template entitled Appendix B1, list ONLY the REVENUE that you are requesting from the ACCN with the corresponding proposed expenses.

PROJECT REVENUE:

2. List all sources of project income. Indicate whether the sources have been confirmed or pending.

Please note that if your project is being considered for approval, no funds will be advanced to you if other sources of income (other than that from the ACCN) deemed necessary to ensure your project’s success remain “unconfirmed” at that time.

In its funding application to the government, the ACCN listed the ability of the churches to leverage on existing assets that will ultimately reduce their cost to implement programs. One such cost was identified as rent, since many churches seldom use the real estate outside of their regular church programming. If you are not incurring rental cost for your program, please list the allocated portion of your rent as “in-kind”.

Source of Support	Contribution	\$	In-Kind	Confirmed	Pending
<i>e.g. ABC Church</i>	<i>Rent of 500 sq feet</i>	<i>\$6,000</i>	<i>\$6,000</i>	<input type="checkbox"/>	<input type="checkbox"/>
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please also list the above revenue in the Budget template entitled Appendix B and B1 provided on the website.

PROJECT EXPENSES:

List all expenses in the budget templates, entitled Appendix B and Appendix B1 provided the website.

The budget should include ONLY the expenses associated with the cost of the projects for which you are seeking funds. If funding is requested for staffing, you must include a copy of the job description and the total hours of work per week that will be completed by each staff member.

If you list “In-kind” revenue, please ensure that you reflect it as an expense in the budget. Please list the explanations for the expenses in the notes section.

FINANCIAL STATEMENTS FOR THE LAST TWO (2) YEARS

Please include the audited (if you have) or unaudited financial statements for the last two (2) years. These are the statements that you would have submitted to Canada Revenue Agency.

The following required documents are attached. I have included five (5) copies of each of the following:

- Signed copies of this application
- A list and description of the members of the Board of Directors or Leadership Team for all organizations that will be giving governance to this project. Include their business and board/leadership team titles and contact information
- Audited, unaudited, or financial statements prepared by an accountant or auditor for all organizations involved in the project for the last 2 years.
- Three (3) quotations for hardware and software purchases
- A signed partnership agreement if applicable
- Completed Budget Appendices B and B1 with notes and the applicable price quotations
- Community Assessments, statistics and supporting research material for the project, job description for personnel and resumes of existing personnel for the project
- Two (2) letters of support from members of your community. They should have read your application and be prepared to discuss and support the project
- Annual report, newsletter, project evaluations or other documents describing the activities of all organizations involved in the project, such as: when established, purpose, operating structure, principal activities, community outreach, main achievements and other noteworthy information

We certify that the governing bodies of all organizations involved in the project have authorized this application and the information provided is true and accurate.

Authorized Senior Pastor Lead Church

Authorized Signatory: Partner (1)

Name:

Name:

Signature:

Signature:

Date:

Date:

Authorized Signatory: Partner (2)

Name:

Signature:

Date:

Authorized Signatory: Partner (3)

Name:

Signature:

Date: