



Mayor: Paul Brown
Chief Administrative Officer: Joanne McCarvill
Incorporated 1973

Recreation/Wellness Grant Application

Neighbours helping Neighbours

Background The Rural Municipality of Malpeque Bay provides funding assistance to community groups and organizations for recreational/wellness purposes. Projects focused on Mental illness, Chronic health condition, Overweight/obesity, Physical disabilities, Vulnerable/At-risk, Homeless, Unemployed/underemployed, Cognitive/intellectual disability, LGBTTQA may be funded through this program.

Purpose The Rural Municipality of Malpeque Bay offers financial assistance to encourage volunteer community groups and organizations to further improve and develop recreation/wellness opportunities for Malpeque Bay citizens.

Eligibility The applicant must be an individual, group, or organization where the membership and project are based in the seven (7) Malpeque Bay communities; **Baltic, Darnley, Hamilton, Indian River, Malpeque, Sea View and Spring Valley.**

Requirements

Applications will be accepted on or before the first Friday of the months listed below. They will be reviewed at a regular meeting of Council, held the **second Wednesday of January, February, March, May, June, September, and November.** It is the applicant's responsibility to ensure that all completed documents are in the hands of the CAO by the deadline as identified above including FORM A (Applicant Information) FORM B (Project Description) and FORM C (Budget and Final Report).

The Recreation/Wellness Grant Policy is capped at \$1,000.00 per fiscal year ending March 31 per community as identified above. Council reserves the right to transfer funds from communities where grants of less than \$1,000.00 have been awarded as of the January Council meeting to communities seeking additional funds. Approved projects will receive 80% of eligible funding prior to the start date of the project. The remaining 20% will be paid once Council has received a completed FORM C. FORM C will be returned to the applicant at the time the project is approved along with the 80% of the requested funds. Once FORM C has been submitted, including the Actual costs column, and a brief final report submitted, the remaining 20% will be released. To be considered for a grant, when accessing a community building, applicants must receive an endorsement of the proposed event in writing from an official representative from that building. This includes, but is not limited to, active WI, Hall Trustees or Boards of Directors of one of the four halls currently in operation.

www.malpequebay.ca

P.O. Box 405, Kensington, PE C0B 1M0

Tel.: 902-836-5029

Email: communityofmalpequebay@gmail.com

Applicant information

Name of individual, group, or organization: _____

Contact (one person only): _____

Phone: _____

Email: _____

Mailing Address: _____

Endorsement:

Please provide a motion from your membership / executive endorsing this application. A copy of the motion of endorsement from the membership must be recorded and attached with submission.

Declaration – ALL Individuals, Groups and Organizations must complete the following declaration:

In making this application we the undersigned, declare to the best of our knowledge, the information contained in this application is correct and all items of required information are enclosed. Further, that should our request be accepted in part or in whole, the funds granted will be used for the above stated purposes and that we will comply with all terms and conditions as outlined.

Name: _____ Date: _____

Please **Print** Name above and **SIGN** here **X** _____

Name: _____ Date _____

Please Print Name above and **SIGN** here **X** _____

Submit your forms by the deadline in one of three ways:

1. Hand-deliver to a member of Council or to 26 Broadway Street, Kensington
2. Mail - Rural Municipality of Malpeque Bay, PO Box 405, Kensington, PE C0B 1M0
3. Email: communityofmalpequebay@gmail.com
Subject: Recreation/Wellness Grant

Received on: _____ by: _____

Project Name: _____

Amount Requested: _____

Community: _____

Funding Category:

- Recreation
- Mental Health/wellness
 - Senior Activity
 - Youth Activity

Project description: Describe your specific project or initiative that the funding will be used for.

What positive change or impact will this project have on our community once completed?

Please select the age of the audiences who will benefit from your project and anticipated number of participants in each age category. Select all that apply.

<input type="radio"/> Children 0-5 years #	<input type="radio"/> Children 6-11 years #
<input type="radio"/> Children 12-16 years #	<input type="radio"/> Youth 17-19 years #
<input type="radio"/> Adults #	<input type="radio"/> Older Adults (55+) #

Please identify the demographics of the participants and/or beneficiaries. Select all that apply.

<input type="radio"/> Female	<input type="radio"/> Male
<input type="radio"/> Other	<input type="radio"/> First Nations
<input type="radio"/> Newcomers to Canada	<input type="radio"/> Elementary school students
<input type="radio"/> High school students	<input type="radio"/> Community volunteers

Community Initiatives

Identify any of the following characteristics that may apply to the participants and/or beneficiaries. Select all that apply.

<input type="checkbox"/> Seniors	<input type="checkbox"/> Single parents	<input type="checkbox"/> Unemployed/underemployed
<input type="checkbox"/> Living in poverty	<input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Cognitive/intellectual disabilities
<input type="checkbox"/> LGBTTQA	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Homeless
<input type="checkbox"/> Chronic health condition	<input type="checkbox"/> Overweight/Obesity	<input type="checkbox"/> Addictions
<input type="checkbox"/> Vulnerable/At Risk	<input type="checkbox"/> Other	<input type="checkbox"/>

Select any all that apply to your project

<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Theatre	<input type="checkbox"/> Music
<input type="checkbox"/> Sports and Recreation	<input type="checkbox"/> Social inclusion and Social supports	<input type="checkbox"/> Health and wellness
<input type="checkbox"/> Crime reduction	<input type="checkbox"/> Reducing racism/discrimination	<input type="checkbox"/> Personal coping skills
<input type="checkbox"/> Housing supports	<input type="checkbox"/> Public awareness education	<input type="checkbox"/> Aging independence

How often will participants take part in the project?

- One-time event
- Daily
- Weekly
- Monthly
- Other _____

Project Success: How will you determine project success? What measurement will you use (number of attendees, number of sessions held etc.)

Date project to commence: _____

Expected date of Project completion: _____

Thank you for taking the time to complete the application. Remember FORMS A, B AND C are required for applications to be considered. We will contact you once a decision has been reached.

Individual, Group, or Organization Name: _____

Project Name: _____

PART 1: Project Revenue (Please note you are not required to fundraise etc. these Revenue schemes are listed in the event that your project exceeds the available \$1,000.00 Grant)

	Budget	Actual
Grant dollars requested	\$	\$
Fundraising	\$	\$
Donations/Contributions	\$	\$
Participation Fee	\$	\$
Other Funding or Grant (specify here)	\$	\$
TOTAL REVENUE	\$	\$

Part 2: Project Expenses

	Budget	Actual
Materials and Supplies	\$	\$
Equipment rental	\$	\$
Venue	\$	\$
Honorarium / gift (guest speaker etc.)	\$	\$
TOTAL EXPENSES	\$	\$

SURPLUS (DEFICIT)	\$	\$
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Part 3: Final Report (please provide as much detail as you can about the project's success, what you might do differently next time, how many participants attended, how you advertised the event, what impact has the project had on the community?)
