



**2019 COMMUNITY SOCIAL REINVESTMENT PROGRAM (CSRP) APPLICATION**

<b>A) Organization Contact Information:</b>		
Name of Organization		
Address		
City		
Province	Postal Code	
Telephone	Fax	
E-mail		
Website		

<b>B) Primary Contact Information:</b>		
Contact Name		
Address		
City		
Province	Postal Code	
Telephone	Fax	
E-mail		

<b>C) Financial Assistance Required:</b>	
1. Project/Program Budget Statement:	
a) Please indicate the requested amount of TBDSSAB CSRP funds:	\$ _____
b) Please provide a detailed breakdown of how TBDSSAB CSRP dollars will be used:	
i) Staff Costs:	
ii) Program Costs (eg., food, supplies):	



iii) Administration Costs:

iv) Other:

c) Has your organization previously received funding from TBDSSAB?

**YES:**

**NO:**

1. If your organization has an operating surplus, please explain the reason for this surplus. What is its intended use?

2. What is the source of your core funding?

#### **D) Status of Organization**

1. Do you operate on a non-profit basis?	<b>YES:</b>	<input type="text"/>	<b>NO:</b>	<input type="text"/>
2. If yes, are you an incorporated non-profit?	<b>YES:</b>	<input type="text"/>	<b>NO:</b>	<input type="text"/>
3. Are you a registered Charity?	<b>YES:</b>	<input type="text"/>	<b>NO:</b>	<input type="text"/>
4. If yes, what is your charitable number?	<input type="text"/>			



**E) Mandate of Organization**

1. Please provide a statement of your organization's mandate.

2. What is your service area?

3. What demographic is served by your organization?

4. Please provide a brief history of your organization.

5. Please list any formal affiliations or memberships with other organizations/bodies.



**F) Governance**

1. Do you have a Board of Directors?

**YES:**

**NO:**

- a) If yes, please list the current Board members.
- b) As well, please identify the individuals in your organization with the Signing Authority to bind the corporation, including titles and contact information (telephone number, e-mail address, mailing address).
- c) Describe the governance structure of your organization. For example, how is your Board elected? For what term? What is the scope of the Board?, etc.

2. If there is not a Board of Directors, how is your organization governed?



**G) Proposed Initiative**

1. Should TBDSSAB funding be provided to your organization, please describe how you will distribute those funds.

2. Why do you feel this initiative is needed right now?

3. What is the objective evidence indicating a need for this initiative? (statistics, reports, studies, etc.) *Please attach supporting documents, if available.*



4. Decisions for TBDSSAB's disbursement of 2019 CSRP funds will not be made before February 2019. What is the timeline for your initiative?

Start Date:	_____	End Date:	_____	Ongoing:	_____
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5. How is this initiative different from other services available in the community?

6. Please describe how this initiative promotes the purpose of the Community Social Reinvestment Program (i.e., to help reduce the depth and breadth of child poverty, promote attachment to the labour market, or reduce the overlap and duplication of Government programs).

7. Please indicate which of the following priorities are addressed by this initiative (check all that apply):

<input type="checkbox"/>	1. Food Security	<input type="checkbox"/>	4. School Readiness
<input type="checkbox"/>	2. Shelter Security/Homelessness Prevention	<input type="checkbox"/>	5. Employment Supports
<input type="checkbox"/>	3. Developmental/Recreational Programs	<input type="checkbox"/>	6. Community Capacity-Building



8. Describe any partnerships that will be a part of this initiative.

**H) Ability to Carry Out Proposed Initiative**

1. Please discuss your experience with operating projects of similar size and scope.

2. Please identify any staffing/volunteer resources supporting your organization.

Total Number of Full-Time Staff:	
Total Number of Part-Time Staff:	
Total Number of Casual Staff:	
Total Number of Full-Time Volunteers:	
Total Number of Part-Time Volunteers:	
Total Number of Casual Volunteers:	



By signing below, I\* confirm that the information contained in this application, and the accompanying documents, is true, accurate and complete, adheres to TBDSSAB's established terms and conditions, and is endorsed by the organization which I represent.

**\* I have the authority to bind the organization.**

Signature:\* \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Enclosures:**

1. 2019 CSRP Application form, completed, signed and dated;
2. TBDSSAB-Initiated Agreement: 2019 Accountable Advances' Review form, completed, signed and dated:
  - Not-for-Profit and charitable organizations with an annual operating budget of less than \$50,000 may request permission for exemption from some of the eligibility requirements outlined in the TBDSSAB-Initiated Agreement: 2019 Accountable Advances' Review form. Insurance coverage and fire inspection of premises (if applicable), however, are mandatory, and not eligible for exemption. To request an exemption, select the "requesting exemption" option on the TBDSSAB-Initiated Agreement: 2019 Accountable Advances' Review form, complete the organization/program information, sign, date, and forward this form to TBDSSAB, along with your completed Application;
3. Fire Inspection of Premises, if applicable; and,
4. Current Certificate of Insurance, naming TBDSSAB as "Additional Insured".