

# Application to Access Restricted Funds

Horseshoe Falls Region, The United Church of Canada

## Introduction

The Region of Horseshoe Falls Council (“HFRC”) administers access to Restricted Funds by communities of faith. HFRC provides communities of faith an avenue to access their Restricted Funds for specific projects/initiatives.

## Process

A community of faith wishing to access its restricted funds can submit a completed application to the Congregational Support Commission (“the Commission”). Applications will be reviewed as soon as possible, and the community of faith will receive a response from the Congregational Support Commission staff liaison, whether requesting more information or approving the application.

Applications can be made at any time during the year.

## Information Required

### Basic Information

### Cover Letter

Please briefly summarize your application and its submission. Your cover letter should be addressed to the Congregational Support Commission staff liaison. Your Cover Letter should indicate that your project/initiative has the approval of your community’s governing body and specify what your community’s governing body is (i.e., council).

### Contact Details

Please provides the contact information for your community of faith so that we may seek answers to any questions about your application and notify applicants of decisions.

### Project Description

Please use a title you would like to see in print should your project or program be awarded funds. Try to make it succinct and descriptive.

Please describe your idea. Please be concise and as descriptive as possible. This portion of the application is the executive summary or brief overview of the project. You will provide specifics about how you will carry out the program or project later in the application. This should give the Committee an idea of what you wish to accomplish and an overview of how you will do it.

For example: “The ABC project will provide teenagers with leadership, mentoring and life saving skills through coaching on how to plan and lead safe, fun and educational afterschool programs. Each participant will receive first aid and leadership training. They will be matched with one or two children between the ages of five and 11 and will provide a program that runs twice weekly from 3:30 to 6 p.m. focussing on physical activity, homework assistance and socialization.”

- Please describe the need in the community addressed by this project, if applicable
- List the groups and/or individuals who could benefit from this project
- List goals and objectives that are concrete, well defined, achievable, actionable, and realistic. Make sure they relate to the outcomes of your program and reflect how your project will be carried out.
- For each of your goals and objectives outline the steps you will take to attain them.
- Outline the timelines for each step or phase of your project or program and provide details on how you will ensure the steps or phases are completed.
- Be specific about Implementation and Completion dates. If your project will continue beyond the funding you are applying for, use the date by which the activities the grant would support will be completed.
- Please list the team members of the project. This section provides the Committee with assurance that a team with expertise and passion for the work will support the project or program.
- Please provide detail about how people have indicated their support for your project or program. Examples could include financial pledges or promises to volunteer, feedback from surveys, testimonials from people involved, letters of support from other community groups or officials, etc.
- Provide details about the people who will volunteer and what their roles will be.

### Project Expenses and Revenues

#### Project Expenses

Please be specific about the amount of expenses each category will incur.

For major project expenses, please list these in individual expenditure detail.

### Project Revenues

Please detail the anticipated Revenues of the project. In your summary, please indicate which Revenues are “Confirmed” and which Revenues are “TBD”, with a total for each. Please describe each Revenue source (i.e., “municipal grant”, “ticket sales”, “revenue from partner”, etc.)

Please list any funding from Partners if you are working with another organization(s), indicating their name(s) and how much money they have committed to your project or program.

Amount Requested from Restricted Funds:

**Please specify the total amount of money requested from your Restricted Funds here.**

### Measurable Outcomes

- This part links back to your stated goals and objectives. Be precise about what will happen because result of your project or program has taken place. What are the anticipated outcomes?
- How will you evaluate the success of your project or program based on the above objectives?
- Please be specific about when you will achieve each measurable outcome. This could be an exact date or a date relative to a specific event (i.e., “three weeks after receiving funding”).

**Thank you for your interest in undertaking a Project / Initiative !**