

General Information:

SCF Micro Grants are generally for specific projects that do not fall within the time frame of the SCF Community Impact Grants or the Petrolia Micro Grants and range between 200 and 500 dollars. The grant is to be used for time limited projects or events that will benefit the community at large not just the individual organization and that may result in one or more of the following outcomes.

- Emphasize prevention rather than remediation
- Encourage networking and collaboration among organizations
- Demonstrate innovative or interdisciplinary approaches
- Develop local leadership capacity
- Reflect diversity and inclusivity
- Provide leveraging possibilities

The following are NOT eligible for micro grants.

- Annual Fund drives
- Travel costs
- Building campaigns
- Debt reduction
- Projects, programs or expenses that have already received funding through the SCF or Petrolia Community fund grant process in the current fiscal year
- Political activities
- Endowment funds
- Direct religious activities

Applicants chosen to receive a grant must:

- Provide any documentation required by SCF to prove the grant funds were allocated to the project applied for (e.g. receipts, minutes, bank statement etc.)
- Be available for photos, interviews or any other promotional activities as arranged by the Foundation (e.g. banquets, award ceremonies, media interviews, etc.)
- Acknowledge SCF as a funder during the fiscal year in which they receive the grant

By signing the application the applicant agrees to comply with the expectations of grant recipients detailed in this application and gives SCF permission to publish grant and agency information related to the grant.

Grant applications, which are not approved, will remain confidential.

A **limited number** of MICRO GRANTS is available in any given year. Multiyear funding is not available

APPLICANT INFORMATION

Name of Organization _____

Option A

Our organization is as a (select one):

Charity, registered with Canada Revenue Agency (CRA) Date of Registration _____

Our Charitable Registration Number _____

(Format: 12345-6789 RR0001)

Amateur Athletic Association, registered with Canada Revenue Agency (CRA)

Registration Number _____

(Format: 12345-6789 RS0001)

Municipality

Option B

We are **NOT** a registered charity but we have established an intermediary relationship with a charity or amateur athletic association that is registered with Canada Revenue Agency (CRA) or with a municipality. **Please note a copy of the board motion establishing the relationship will be required,**

Name of Intermediary Organization _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Contact at Intermediary & Title _____

Phone _____ Fax _____ Email _____

Intermediary's Charitable Registration Number _____ - _____
(Format: 12345-6789 RR0001)

Intermediary must sign below

.....
We are aware that this application is being filed and support the project being undertaken.

Signature	Title	Date
This must be someone with the authority to bind the organization.		

Address of Organization applying _____

Postal Code _____ Telephone _____

Primary Contact Person _____ Title _____

Telephone _____ Email _____

1. I/We would like to apply for a grant of _____

2. What will the micro grant will be used for?

3. Are you planning to continue this initiative?

4. If funded, how do you intend to recognize the Community Foundation's support?

5. Please explain what difference the grant will make to the community.

We acknowledge and accept that should our application be approved and funded, the grant will be used for the purposes outlined in this application and for no other purpose, unless permission is sought and obtained in writing in advance from the Sarnia Community Foundation

We will undertake to comply with the requirements of the Fund related to evaluation, reporting and publicity for the grant should the application be successful by the dates set out in any approval letter issued to us.

Date

Name (Please Print)

Title

Signature of signing officer

This must be someone with the authority to bind the organization.

Name (Please Print)

Title

Signature of individual who prepared the application