

Heart of Georgian Bay Community Forward Fund Grant Application

HCF's Heart of Georgian Bay - Community Forward Fund Grant Application Intake Form

* Indicates required question

1. Email *

Funding Opportunity

The Heart of Georgian Bay Community Forward Fund is seeking applicants who have a **project-based** application. Priority will be given to start-ups and new initiatives. The funder is looking for **bold & innovative** ideas that address: Food Security; Education, Literacy and Training opportunities; Healthy Living Activities; Environmental Leadership; Promotion of Mental Health, or Creativity in Arts and Culture.

This grant is available for either single or multi-year (2 year) funding. Applicants who wish to apply for multi-year funding will be presented with additional questions to support their application.

Please review the Terms & Conditions as it relates to both funding models.

Direct Community Benefit

Projects must provide a **direct benefit to residents** located in Midland, Penetanguishene, Tiny Township, Tay Township, or Beausoleil First Nation.

Funding Breakdown

Total funding available is \$100,000

- Applicants can apply for a single-year grant of up to \$10k or a multi-year grant of up to \$20,000 over 2 years (\$10k/year).

Note: Partial funding is possible depending on the quality of the applications.

Matching Requirement

All applicants must provide **equally matching funds or in-kind contributions** that directly support the funding request, with details clearly stated in the application. For each requested dollar there must be at least one matching or in-kind contribution of the same amount. Volunteer time, and other grants are eligible for matching purposes, but must be verifiable.

Key Dates and Deadlines

- Application Opens: November 1, 2025
- Application Closes: December 30, 2025 at 5:00PM
- Notification of Results: January 30, 2026
- Release of Funds (both single & multi-year Grants): March 1, 2026

Reporting

For Single-year Grants:

- All Funds must be used by: February 28, 2027
- Final Report Due: April 30, 2027 or 60 days after completion of the project

For Multi-year Grants:

- Year 1 Interim Progress Report Due: November 30, 2026
- Year 1 funding must be used by: February 28, 2027
- Year 2 funding must be used by: February 28, 2028
- Year 2 Final Report Due: May 1, 2028 or 60 days after completion of the project

Additional Communications & Recognition

In addition to HCF's standard Communications & Recognition requirements, recipients of funding through the *Heart of Georgian Bay Community Forward Fund* must:

- Acknowledge the *Heart of Georgian Bay Community Forward Fund* as the funding source in all public communications related to the grant
- Provide at least one story or testimonial highlighting the grant's impact, suitable for donor recognition and community reporting

Terms & Conditions

Please read these Terms & Conditions carefully. By submitting your application, you confirm that you have reviewed and agree to the following:

I. General Agreement and Governance

1. By submitting an application, applicants confirm they have reviewed and agree to the Terms and Conditions.
2. HCF's granting decisions are final.
3. These Terms and Conditions may be updated periodically.
4. All applications will be reviewed by an **independent volunteer Grants Committee** and approved by the Fund Sponsor or the HCF Board, as applicable.

II. Eligibility and Scope

1. Eligibility requirements and funding parameters may vary by program. **Additional program-specific details, requirements, eligibility criteria, conditions, etc. are outlined in the previous Funding Opportunity Section.** These details form an integral part of these Terms and Conditions and shall be read in conjunction with them.
2. **Legal Status:** Applicants must be a **registered charity or qualified donee** with the Canada Revenue Agency (CRA).
3. **Charitable Sponsorship:** Organizations that are not registered charities must partner with a qualified donee as a charitable sponsor. A registered charity number must be provided.
4. **Application Limit:** Only **one project/funding request per organization** will be accepted. If multiple applications are submitted, only the first application received (time-stamped) will be reviewed.
5. **Funding Alignment:** Projects must align with one or more of the categories and or strategic priorities detailed in **the previous Funding Opportunity Section.**
6. Applicants must demonstrate the **organizational capacity** to manage the project.

III. Financial and Use of Funds Restrictions

1. **Use of Funds:** Grant funds must be used **solely for the approved project.**
2. **Return of Funds:** If a project does not proceed or is significantly altered, **unused funds must be returned to HCF.**
3. **Ineligible Funding:** The following are not eligible for funding:
 - **Capital expenditures** such as buildings, vehicles, or major equipment purchases. (Note: Funding may be considered for movable, tangible items that are not affixed to property).
 - Wages or operational expenses.
 - Fundraising activities.
 - **Sectarian or faith-based initiatives** that promote a specific doctrine. However, community-based projects led by faith organizations are eligible if they are inclusive and serve the broader public.

IV. Terms Specific to Single-year Grants

1. Funding is provided for **up to one year**.
2. The project must be completed within the approved term as outlined in the previous Funding Opportunity Section.
3. Single-year grantees must submit a **Final Impact Statement within 60 days of project completion or by the Final Report Date listed in the previous Funding Opportunity section**.

V. Terms Specific to Multi-year Grants

1. Multi-year grants provide funding for up to two consecutive years for the same project.
2. Applicants must demonstrate the ability to meet **reporting and financial responsibilities** over the extended term.
3. **Conditional Funding:** Multi-year grant funding is **not committed in full** at the time of approval. Disbursements are structured in annual installments and are **contingent on the grantee's progress** toward defined targets or milestones.
4. **Year 2 Continuation Conditions:** Funding for the second year is specifically conditional upon:
 - Submission and **approval of Year 1 Progress and Project Budget Report**.
 - Confirmation of **continued donor commitment**.
 - Review and **approval by HCF**.
5. **Reporting Schedule:** Two-year grantees must submit a **Year 1 Progress and Project Budget Report** before year 2 funding is considered, and a Final Budget Report and Impact Statement at project completion. Please see the previous Funding Opportunity Section.
6. **Eligibility Exclusion (Grant Stacking):** Recipients of an active two-year grant are **not eligible to apply to the same grant stream** while their funding term is still active.
7. **Adjustment Rights:** HCF reserves the right to **adjust, pause, or discontinue Year 2 funding** if reporting, performance, or fund availability changes. Performance standards may require developing objective criteria for defining "underperformance" and accounting for external factors.

VI. Reporting, Accountability, and Project Completion

1. **Report Content:** Reports must include achievements, challenges, outcomes, and a comparison of actual spending against the approved budget.
2. **Final Deliverables:** Upon completion of the project, all grantees must submit:
 - A final impact statement (250–500 words) describing the project's outcomes and benefits.
 - A financial summary showing how the funds were used.
 - At least one approved photo or testimonial (with consent, if applicable).
3. **Consequences of Non-Compliance:** Failure to submit required reports may result in the termination of funding and **ineligibility for future HCF grants**. An impact report is required before a recipient can apply for future funding.

VII. Changes, Withdrawal, and Termination

1. **Notification of Changes:** Grantees must notify HCF in writing within **30 days** of any significant project changes such as leadership transitions, major budget revisions, or an inability to meet project outcomes.

2. **HCF Right to Change:** HCF reserves the right to amend, delay, or discontinue funding if project scope, outcomes, or financial conditions change materially.
3. **Termination Causes:** Funding may be suspended or terminated if:
 - Reporting or performance obligations are not met.
 - The organization ceases operation or loses charitable status.
 - The project becomes unviable.
 - The Donor or HCF resources are no longer available.
4. **Return of Unspent Funds:** Unspent funds must be returned to HCF within **30 days of notice of termination**.

VIII. Communications and Recognition

1. **Acknowledgement:** Grantees agree to acknowledge HCF's support in project materials, social media, website, and public communications, where appropriate.
2. **HCF Usage:** HCF reserves the right to share approved stories, photos, and testimonials through its website, social media, and publications.

2. Have you reviewed the above noted Terms & Conditions? *

Mark only one oval.

- ☐ I have REVIEWED and ACCEPT the above stated Terms & Conditions
Skip to question 3
- ☐ I have REVIEWED and REJECT the above stated Terms & Conditions
Skip to section 4 (Terms & Conditions Requirements Notice)

Terms & Conditions Requirements Notice

You must accept the Terms & Conditions to proceed with this application.

If you have concerns about the Terms & Conditions, please contact grants@huroniacf.com

Skip to question 2

Organization Information

3. What is your Organization's Name? *

4. What is your Organization's Mission *

5. What is your Organization's Annual Budget? *

Mark only one oval.

- ☐ Under \$100K
- ☐ \$100K - \$300K
- ☐ \$300K - \$500K
- ☐ Over \$500K

6. Does your Organization have a website? *

Mark only one oval.

- ☐ Yes *Skip to question 7*
- ☐ No *Skip to question 8*

Website Details

7. What is your Organization's website address? *

Primary Contact Details

We must be able to get in touch with the primary contact.

8. What is the Primary Contact's first & last name? *

9. What is the Primary Contact's Role within the Organization? *

10. What is the best phone number to reach the Primary Contact? *

Your answer must be in this format: 705-555-1212

Status of Organization

All applicants MUST provide a Registered Charity Number. For details regarding a registered charity, please see this [link](#).

11. What is the Status of your Organization? *

Mark only one oval.

☐ Registered Charity *Skip to question 12*

☐ Not-For-Profit *Skip to question 13*

Registered Charity Details

Grant applicants MUST provide a Registered Charity Number.

12. What is your Registered Charity Number? *

Your answer must be in this format: 123456789 RR 0001

Skip to question 17

Host Charity Details

Grant applicants MUST provide a Registered Charity Number. If you do not represent a Registered Charity, please arrange for a Registered Charity to host your project.

13. What is the Name of your Host Charity? *

14. What is the Host Charity's Registered Charity Number? *

Your answer must be in this format: 123456789 RR 0001

15. What is the Host Charity primary contact's first & last name *

16. What is the best phone number to reach the Primary Contact of the Host Charity? *

Your answer must be in this format: 705-555-1212

Skip to question 17

Project Details

HCF prefers a project based application.

17. What is the name of the project this application is for? *

18. What is the purpose or description of the project? *

19. Which community will benefit directly from any funding received for this project? *

Check all that apply:

Check all that apply.

- ☐ Beausoleil First Nation
- ☐ Midland
- ☐ Penetanguishene
- ☐ Tay Township
- ☐ Tiny Township

20. What evidence supports the need for this project? *

Describe how you know this project is needed. You may reference data, community consultations, lived experience, or feedback from participants or partners.

21. List any key partners or collaborators and describe their role in this project. *

Identify any community groups, organizations, or other stakeholders you are working with and how they will contribute to the project success.

22. What are the key dates and expected timeline of your project? *

23. Which funding category does your project align with? *

Select one category:

Check all that apply.

- ☐ Creativity in Arts and Culture
- ☐ Education, Literacy and Training opportunities
- ☐ Environmental Leadership
- ☐ Food Security
- ☐ Healthy Living Activities
- ☐ Promotion of Mental Health

24. Describe how your project supports Diversity, Equity, Inclusion, Belonging, and Reconciliation (DEIB-R). If not applicable, explain why. *

25. What makes your project new and innovative? *

26. What will success look like for this project? Describe your success criteria. *

Looking for qualitative metrics such as outcomes and goals.

27. What is the total budget for the project? *

Enter total \$\$ amount.

28. Provide a summary of how you will use the funds. *

List the main expense categories for your project (e.g. materials & supplies, facilitation, marketing & communications, etc.) and the approximate dollar amount for each.

Skip to question 29

Funding Request

Please provide details about the funding you are requesting from Huronia Community Foundation. Clearly outline the total amount requested, and whether the request is for a single-year or two-year (multi-year) grant.

This information helps the Grants Committee understand the scope of your project and assess the appropriate level of support.

29. How much funding are you requesting? *

Enter the dollar amount of the grant you are seeking from HCF.

30. Describe how you would adjust your project if you received less than the full amount requested. *

31. If your project was to receive partial funding, what is the minimum funding threshold below which the project would be no longer viable? *

Note: Please specify the minimum funding threshold as a percentage of funding requested for the project to proceed as proposed.

Skip to question 32

Matching Funds

Note: Please refer to the Funding Opportunity Section for the requirement of matching funds.

32. What type of matching funds do you have for this project? *

Mark only one oval.

- ☐ No Matching Funds *Skip to section 14 (Funding Requirements Notice)*
- ☐ In-Kind Contributions Only *Skip to question 33*
- ☐ Cash/Other Sources *Skip to question 35*
- ☐ Both In-Kind and Cash *Skip to question 37*

Funding Requirements Notice

This grant program requires matching funds. Please return to the previous question and indicate what type of matching you can provide.

Skip to question 32

Matching Funds: In-Kind Contributions

33. You have indicated that you have in-kind sources of project funding. Please explain what these sources are. *

34. What dollar amount does the in-kind funding represent? *

Skip to question 41

Matching Funds: Cash/Other Sources

35. You have indicated that you have cash or other sources of project funding. Please explain what these sources are. *

36. What dollar amount does the other sources of funding represent? *

Skip to question 41

Matching Funds: Combined (In-kind + Cash/Other)

37. Describe In-kind contributions *

38. What is the dollar value of In-kind contributions? *

39. Describe your Other funding sources *

40. What is the dollar value of your Other funding sources? *

Skip to question 41

Funding Types

41. This grant is available for both a single-year grant or a multi-year (2 years) grant. Which would you like to apply for? *

Select one:

Mark only one oval.

☐ Single-year Funding *Skip to question 47*

☐ Multi-year Funding *Skip to question 42*

Multi-Year Capacity & Planning

Applicants seeking two-year funding must demonstrate the ability to successfully manage, deliver, and report on the project over an extended period. Please answer the following questions to help us assess your organization's capacity for multi-year support.

42. Year-One Goals and Deliverables *

Briefly describe the key activities and outcomes you plan to achieve in the first year of the project.

43. Year-Two Goals and Deliverables *

Outline what will be completed or expanded in the second year. How will Year 2 build upon Year 1 results?

44. Organizational Capacity *

Describe how your organization has the staff, partnerships, or resources in place to manage a two-year project successfully.

45. Risk Management *

Identify any potential challenges or risks which may impact project completion (e.g. staffing, funding, partnerships) and explain how you plan to address them.

46. Long-Term Impact and Sustainability *

How will the benefits of this project continue after the two-year funding period ends?

Skip to question 47

Impact**47. Quantify the direct impact: How many people will be served and what measurable outcomes do you expect? ***

Looking for numbers/metrics to substantiate the impact.

48. How might this project create wider or lasting benefits beyond the direct impact? *

Describe any long-term or indirect outcomes

Skip to question 49

Review and Submit

All submissions are final. Please ensure you have provided details that are clear and concise.

49. Have you reviewed your application? *

Mark only one oval.

☐ I have reviewed my answers

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