# Community Partner Grant Application

Complete the following application form to apply for a Sun Life Financial Centre for Physically Active Communities Community Partner Grant.

Please ensure you submit all required supporting documentation with your completed application in

person or email (PDF or Word format only).

In person:

5th Floor Kinesiology Office, Bricker Academic Building

75 University Ave West

Monday to Friday 8:30 a.m. to 4:30 p.m.

By email (PDF or Word only): [nvandermade@wlu.ca](mailto:nvandermade@wlu.ca)

The **application deadline** is **Jan. 1, May 1** and **Aug. 1.** Only complete applications will be considered.

## Section 1: Applicant Details

Name of Applicant (or organization): 

Name of Contact Person: 

Job Title (or relationship to organization): 

Phone Number: 

Email Address: 

Mailing Address: 

Please provide a clear project summary suitable for a public audience (250 words). This summary will be used on the Sun Life Financial CPAC website and other communications to announce successful recipients:

Click or tap here to enter text.

## Section 2: Grant Request Details

a) Amount of grant request (not to exceed $500): $

b) Describe your project: (up to 200 words)

Click or tap here to enter text.

c) How does your project promote physical activity in the community? (up to 200 words)

Click or tap here to enter text.

e) Explain how your organization’s proposed activity or service will fill a need in this Community and/or impact on this Community. How will the KW community benefit? How many people will benefit? (up to 250 words)

Click or tap here to enter text.

h) How may Sun Life Financial Centre for Physically Active Communities benefit from your Project?

Click or tap here to enter text.

i) What do you see the role for CPAC in this project? (100 words)

Click or tap here to enter text.

j) What resources do you require from CPAC? (100 words)

Click or tap here to enter text.

k) Check off any groups below that are included in your organization’s target population.

People of low income, at risk, isolated, or marginalized

Youth

Persons with Disabilities

Families with Children

Other, explain:

## Section 3: Budget

In an attached document, please briefly break down and list how you plan to spend the amount requested.

## Signatures

I/we certify that the information in the application is true and correct, **including information on the budget/financial information section**.

### Applicant Receiving and Administering Funds

Name of applicant who will receive and administer funds and report on the project.

Name:

Title of position at organization:

Contact:

### Applicants from Community Groups and Organizations

CPAC requires two signatures from applicants from community groups and organizations.

Signature of applicant #1:

Date:

Signature of Applicant #2:

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

## Office Use Only

Date application received (DD/MM/YYYY format):

Application reviewed by (staff name – please print): 

Application complete:    Yes   No – If No, provide details: 