



Community Action Grants Program

Application Form

Name of program:

Name of group and/or project
leaders:

Name of main contact person:

Contact phone number:

Contact email address:

Name of additional contact person:

Contact phone number:

Contact email address:

City/Town/community of applicant:

Province or Territory of applicant:

Contact preference (phone or email)

In what community, town, or city will
your program take place?

How did you learn about the Community Grant Program?

All activities must adhere to public health guidelines for preventing respiratory illnesses (e.g., COVID-19, seasonal flu) for your area. Please include details about the precautions your program will take to ensure local guidelines are met to protect participants. Please also include any related precaution expenses in your program budget, where applicable.



Community Action Grants Program

Provide a brief summary of your program. Please note this summary will be used to help evaluate who your program is for, and what you will be offering. Please be concise. We will ask for more details in other sections of the application. (150 words)



Community Action Grants Program

Describe your program. Include details about what you will be offering participants, how your program will run, when and where it will take place, and specific details about your program activities and plans. (500 words)



Community Action Grants Program

Target Audience

Please indicate which community(ies) your program will **prioritize** (check all that apply).

- Indigenous communities
- Black and People of Colour communities
- members of 2SLGBTQIA+ communities
- people living with disabilities in addition to arthritis
- newcomers to Canada
- people living in northern, rural, or remote communities
- low-income communities
- homeless, underhoused, or street-involved individuals
- Not prioritizing any specific community(ies)
- Prioritizing other underserved community not listed: Please specify

Who is your program trying to reach and how will you reach them? (400 words)

- Describe your target audience (use demographics when possible), including the community(ies) your program has stated it will prioritize.
- Provide details about how you will promote your program to the target audience and how you plan to recruit participants from the community(ies) you plan to prioritize.
- Include details about how you are best positioned to reach participants from the community(ies) you indicated.



Community Action Grants Program

Describe how this program will fill a need for people with arthritis in your community. Please note applications that duplicate programs already existing in your community will not be considered unless you can demonstrate how your program is unique or offers something different for participants. (300 words)

Describe how your program will promote social connections for participants. (200 words)

Social connection or support could include program activities that:

- promote a reduction in social isolation among participants
- foster a sense of community belonging
- provide opportunities to connect people living with arthritis, or their caregivers
- provide other opportunities for participants to feel connected or gain a sense of community through programming.



Community Action Grants Program

Program Metrics

Describe how your program will promote arthritis awareness or education in your community. (300 words)

How will this program **empower** people living with arthritis? Empowerment can come from increased knowledge, a sense of community belonging, or another source. How will you measure an increase in arthritis knowledge, or sense of belonging or support among your participants? Please indicate any additional measures you plan to use to understand participant empowerment. (300 words)



Community Action Grants Program

What **impact** will this program have? Please explain how you will measure the impact this program will have on your participants, and wider community, where applicable. (300 words)

Measuring impact could include monitoring empowerment (as defined above), increased participant skillset, indications the program has had a positive benefit to the community that did not previously exist, or other measures that directly tell a story about how the program will affect participants or the wider community.



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What **reach** will this program have? Please explain how you will measure who you are reaching, including your participants, and the wider community. Include how many participants you hope your program will reach. (300 words)

Measuring reach can include:

- Tracking number of participants
- Tracking sources used for outreach, including numbers where possible
- Assessing if or how the program has extended benefits into the wider community

Qualifications

Describe your team's experience and/or background relevant to this initiative. If specialized knowledge or skills are required to deliver programming, please explain how this will be addressed and the qualifications of any experts to be involved. (300 words)

Please describe the qualifications, experience or educational background that is relevant to running your program.

Please list specialized knowledge or professional standings of your program team in the additional boxes below. If not applicable, please leave blank.



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	Program Role/Job	Certifications/skills	# of years experience
Team member 1			
Team member 2			
Team member 3			
Team member 4			
Team member 5			

Project Timeline

Outline your proposed calendar of events or project timeline. (400 words)

Include key dates such as your start and stop dates, when and how frequently your program will be offered (ex., Once each week, once a month, 6 times a year, etc.) and how long it will be offered (ex., 1 year, 3 months, 10 weeks, etc.).



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If you plan to run your program beyond the funding of this grant, please explain the continuation plan for your program once funding from Arthritis Society Canada is complete. If the program will not continue after this grant cycle, please explain why. (250 words)

Budget

Please use the template below to outline your program budget using the included categories to group your expenses together. When outlining your budget, ensure expenses align with the list of eligible and ineligible expenses. Include a brief justification of how the expense is relevant to your program under the description section.

For example, if you have \$20 worth of art supplies, you do not have to list each item, but instead could list art supplies, and explain how they will be used under the description section.

1. Program material (e.g., pens, paper, note pads, art supplies, food or snacks)
2. Equipment or tools (e.g., tablet, 3D printer, software, assistive devices)
3. Venue cost/rental (e.g., pool rental, gym rental, community hall)
4. Marketing materials (e.g., poster printing)
5. Honoraria (i.e., for a facilitator, guest teacher or speaker)
6. Travel expenses (e.g., bus or taxi fare used to transport people or items to and from program)
7. Staff time costs (e.g., The total cost of staff hours being requested in funding). Must demonstrate how costs are related to programming.
8. In Kind Donations (e.g., total dollar value for items, staff or volunteer time, and other expenses that will be donated or incur no monetary cost to the program).

Total funding request should not include expenses covered by in-kind donations. Amounts over \$5,000 will not be considered.



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Item	Description and explanation of use	Total estimated cost
Program Materials		
Example: Hand Sanitizer	2 bottles of hand sanitizer @ \$11 each	\$22.00
		\$
		\$
		\$
		\$
		\$
Equipment or Tools		
		\$
		\$
		\$
		\$
		\$
Venue Cost		
		\$
		\$
		\$
		\$
Marketing Materials		
		\$
		\$
		\$
		\$
Honoraria		
		\$
		\$
		\$
		\$
		\$
Travel Expenses		
		\$
		\$
		\$
		\$
		\$
Staff Time Costs		
		\$
		\$
		\$
		\$
		\$
In Kind Donations		
		\$
		\$
		\$
		\$
		\$
TOTAL PROGRAM EXPENSES		\$
TOTAL FUNDING REQUEST (max \$5,000)		\$



Community Action Grants Program

Conflict of interest

Please disclose any conflicts of interest you may have that relate to receiving Arthritis Society Canada funding. For example, do you have current or past funding from Arthritis Society Canada for other initiatives? Are you supported by funding from other industrial or corporate sponsors? Do you have a personal connection to Arthritis Society Canada staff? Could you be perceived as having a commercial interest in establishing this program? Having a conflict of interest will not prevent you from being considered for a grant, but will be declared to the selection committee for transparency.

I have no real or perceived conflict(s) of interest to declare.

I wish to declare a conflict of interest:

Funding administration

Funding can only be released to a non-personal banking account with appropriate signatories. Please confirm that this will be in place for this program by the application deadline.

I confirm that I will have financial arrangements in place for a non-personal bank account with at least two signatories.

I confirm that I will have financial arrangements in place for a non-personal bank account with one signatory and proof of business or not-for-profit use.



Community Action Grants Program

Requirements

- All activities must adhere to public health guidelines for preventing respiratory illnesses (e.g., COVID-19, seasonal flu) for your area.
- All program advertising must include recognition of funding from Arthritis Society Canada.
- You must be able to receive funds to a non-personal bank account with two or more signatories. Single signatories will be accepted where proof of business or not-for-profit use of account can be provided. A trustee may also receive funds on your behalf. This requirement applies to all applicants – individuals and groups/organizations.
- All receipts and invoices for program expenses must be submitted to Arthritis Society Canada following the completion of grant activities. Any eligible expenses that cannot be accounted for with receipts or invoices will not be reimbursed.
- All unused funds at the end of the grant term will be returned to Arthritis Society Canada within 30 days of final Report submission.
- All selected applicants must return signed funding agreements and banking information before deadline or will forfeit eligibility to funding.
- Grant activities may not commence until funding agreements and financial arrangements have been finalized.
- Applicants are responsible for acquiring any necessary liability insurance and/or confirming coverage with program venue(s).

If you have questions, please contact communitygrants@arthritis.ca before submitting your application. Changes cannot be made to an application once it has been submitted.

By checking this box, I confirm I have read and understand the requirements listed above.

Disclaimer

The collection and storage of personal information by Arthritis Society Canada is governed by Arthritis Society Canada's [Privacy of Personal Information Policy](#), which is consistent with relevant legislation.



Community Action Grants Program

Release Form

Arthritis Society Canada depends on donor dollars to fund its grants and awards. Applicants must declare their willingness to allow Arthritis Society Canada to provide details of the grant project or program to potential donors or partners, and the general public.

If your application is approved and receives funding, Arthritis Society Canada will share a short summary of the project or program with funders and the public through our website, www.arthritis.ca, and other communication channels. Upon completion, we may also share how the project or program impacted your community. This may be shared using our website, social media and other communication channels.

By signing the below, you agree that you have read and understood Arthritis Society Canada's Community Action Grants guidelines and release form, and you, your project, program, organization, or any affiliated parties will follow the guidelines set out by Arthritis Society Canada's Community Action Grants.

X _____
Signature of Primary contact

X _____
Signature of Secondary contact

Print name of Primary contact

Print name of Secondary contact

Date: _____

Date: _____