

**South Markham Community Action Grants 2025**

**Resident/Grassroots Groups Application Form (Round 1)**

**Steps to Apply:**

* Review the South Markham Community Action Grants information including the Resident / Grassroots Groups Grant Guidelines document for grant objectives, eligibility and application process at <https://uwgt.org/south-markham.>
* Resident-led groups with 5 or more members are eligible to apply for Community Action Grants: Residents / Grassroots Group Stream.
* Attend a virtual [information session](https://forms.office.com/r/F54ZVrDrJL).
* Discuss application, project ideas, and grant questions with United Way Greater Toronto staff prior to your application submission either via email (CAG@uwgt.org) or by attending one of the Office Hour sessions. Information about the Office Hours session can be found on the website.
* Complete the below application electronically or by hand and submit via email to CAG@uwgt.org by **5pm on September 12, 2025.**
* For more information, or if you have questions related to the Community Action Grants or for technical support, contact CAG@uwgt.org with subject line **South Markham Community Action Grants.** We are committed to responding to your email within two (2) business days.
1. **Project name:**

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1. **Group Lead Contact Information:** Projects must assign two resident leaders as Primary Leads or key persons who we would call to ask questions about the application or to inform regarding the application results. Please ensure that their direct contact information (email and phone) is included. This information will be validated as part of the grantee selection process.

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| Primary Lead 1 - Name |       |
| Resident of South Markham | Y/N       |
| Address *(Street Address, City, Postal Code)* |       |
| Phone  |       |
| Email  |       |
| Key roles and responsibilities of primary lead for project |       |

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| Primary Lead 2 - Name  |       |
| Resident of South Markham | Y/N       |
| Address *(Street Address, City, Postal Code)* |       |
| Phone  |       |
| Email  |       |
| Key roles and responsibilities of primary lead for project  |       |

1. **Are you submitting on behalf of a local grassroots group? (Refer to Appendix B of Resident/Grassroots Group Grants Guidelines for definition of ‘Grassroots Group’)**

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| Yes If yes, indicate the name of the group and your group’s mission statement: Name:      Mission Statement:       |
| [ ]  No |

1. **Provide us with the contact information of up to 5 members of your group. Briefly also explain how the listed members will be involved in leadership roles in the development and/or implementation of your project:**
* Each group member must live in a separate household and not be related to one another
* Responses to this question should not include primary lead project residents already stated in Q. 2
* Ensure all individuals listed below have been informed and given their consent to be part of the project.

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| **Name** | **Resident(Y/N)** | **Address** | **Email/Phone (This individual may be contacted to confirm involvement)** | **Roles and Responsibilities** |
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1. **What is the geographic focus of your project? If your project focuses on a specific local area (i.e. intersection/location) within South Markham include that information.**

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1. **Will your project work with a specific population (e.g., youth, seniors, 2SLGBTQ+, a specific ethno-cultural community)? If so, list which population(s).**

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1. **Briefly describe your group’s experience working in South Markham.**

Include details about projects you have implemented in the past, and any experience you have working with other partners or groups in the South Markham community (maximum 200 words).

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1. **Indicate the key Grant Focus Area that your project addresses. Please select one:**

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| **Grant Focus Area** |
| [ ]  | Employment and Economic Stability  |
| [ ]  | Housing Stability  |
| [ ]  | Vibrant Spaces |
| [ ]  | Mental Health and Well-Being  |
| [ ]  |  Community Safety & Violence Prevention  |

1. **Project Description:**

**Provide a summary of the project including when, where, why and how you want to do the project (maximum 200 words).**

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1. **What does your project hope to accomplish? Briefly explain how this project will address the key Grant Focus Area you selected in Q.8 and what related project objectives the project will advance.** You can refer to Appendix A of the Resident / Grassroots Group Grant Guidelines document for eligible project objectives (maximum 200 words).

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1. **Describe your outreach plan to engage residents in your project.**

Include how many residents do you plan on reaching through your project overall. How many residents will be involved as project participants (maximum 100 words).

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 **12a. Are you working with other partners in the community to implement your project?**

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| [ ]  Yes  |
| [ ]  No |

 **12b. If yes, indicate the following:**

1. **Who are these partners?**
2. **How will they be supporting your project? (What is the role of the partner)**
3. **Have you already spoken with the listed partners before applying?**

*Examples of partners: community services, libraries, recreation centres, schools, building management, or faith organizations (i.e., Mosques, churches, temples, or synagogues)*

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**13. List your project start and end dates?** (Make sure that your response to this question matches the dates listed in your project plan under Q.14)

*Note: All projects are expected to be delivered over a period of 6 months or less and completed by August 31, 2026.*

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**14. Project Plan: Describe the steps you will take in organizing and delivering your event**  **or activity.** (*Include how you will inform community about your project and any other steps in*  *marketing your project.)*

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| **Steps***(What activities will be implemented)* | **Who will be doing it?***(Will this task be completed by resident(s) listed in the application, a project partner or other?)* | **When will it be completed?***(Timeframe for completion. Can be a specific date or range i.e., January 2026)* |
| *Example: Create a flyer to post on social media and print to share in community.* | *Example: Resident Team Members* | *Example:* *March 2026*  |
| *Example: Book a venue and secure a workshop facilitator.* | *Example: Resident Team Members in partnership with Milliken Library* | *May 25th, 2026* |
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 **15. Total Amount Requested** (Your total grant request may not exceed $20,000)

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| Total Amount Requested | $      |

**16. Complete a project budget**

Instructions for budget completion:

* Review the list of eligible and ineligible expenses in the Resident/Grassroots Group Grants Guidelines document.
* Use the budget table provided to reflect what is needed from the Community Action Grant and what expenses you can get covered through other sources.
* Under ‘In-kind/Other Resources’ column, indicate donations, grants, etc. from other funding sources, groups, or individuals.
* Be specific as possible in the ‘Description’ column to give a picture of what and when the money will be used for.
* Add additional rows as necessary for your project budget.
* Your expenses should be related to your activities in your project plan.
* 10% should be included as a trustee support fee to support your project.
* The budget must be balanced (i.e. your revenue through in-kind resources and Community Action Grant request must add up to the total costs of the project).
* Your request can be up to $20,000 over a maximum timeframe of 6 months.

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| **Item** | **Description** | **Costs** | **In-kind/other resource contribution** | **Community Action Grant allocation** |
| *Example: Staffing* |  *Example: 1 Program Coordinator 0.5FTE at $25/hour for 32 weeks*  |  *$ 16,000* |  *$5000* |  *$11,000* |
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| Trustee Support Fee(10% of request) | Administrative, accounting and mentorship supports for funded group |       |       |       |
| **Total Costs** *(List the total under each column)* |        |       |       |
| **Total Grant Requested***(The total Costs of the Project under* ***Column C*** *minus the total In-kind resources under* ***Column D.*** *This total must match the amount requested in Q.15))* |       |

1. **Evaluation Plan:**

Use the below table to share how you plan to evaluate the impact of your project. Make sure that the project goals and how you will collect the information matches the Grant Focus Area you are applying for. *Note: a minimum of 2 goals/measures are required for resident/grassroots group applications*

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| **What are your project goals and how do they relate to the Grant Focus Area you selected in Q.8?** *Examples: Increased safety in neighbourhood; Increased civic engagement of children; Improved recreational opportunities for residents* | **How will you know if you’ve been successful? (Identify targets or indicators that will help demonstrate that you are meeting your project goals)***Examples: Number of youth participants who express interest in volunteering for a community organization; Number of residents who use new equipment/park; Percentage of residents who report feeling safer* | **What information do you need to demonstrate the results of your project? How will you collect this data***Examples: Participant questionnaire, surveys Group or individual interviews with participants; Recording observations; tracking usage or attendance* |
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**Proposal to be signed by lead contact person for the project (Refer to Page 3):**

**I agree that by signing this application I will:**

* Use funds only for the purpose granted.
* Work with ACSA Community Services as a grant trustee to maintain records, project activities, and costs.
* Work with project team members as indicated in the application.
* Complete all reporting requirements for the Community Action Grant.

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| **Primary Project Lead (1) Name:**  |       |
| **Signature:**(Electronic Signatures Accepted)  |       |
| **Date:**  |       |

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| **Primary Project Lead****(2) Name:**  |       |
| **Signature:**(Electronic Signatures Accepted)  |       |
| **Date:**  |       |

**Deadline: Please submit your completed application to United Way Greater Toronto at** **CAG@uwgt.org** **with the heading “South Markham Community Action Grants Application” by September 12th, 2025, at 5pm.**

**If you require more information or have questions, please reach out to** **CAG@uwgt.org****.**