**Please note applicants of the Tier 2 grant program must be funding recipients of the Community Builder Tier 1 Grant program for a minimum of 2 years.**

|  |  |
| --- | --- |
| **Name of Program / Project:** |  |
| **Total Program / Project Costs:** | **$** |
| **Total Requested from BIA** | **$** |
| \*Note that total requested amount must not exceed 50% of total program/project costs and cannot be greater than the maximum project funding cap of $10,000. | |

**APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Project Coordinator: |  | |
| Telephone Number: | Work: | Home: |
| Email Address: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Group / Organization: |  | | |
| Downtown Kitchener BIA Member | Y / N | Community Group | Y / N |
| Mailing Address: |  | | |
| Telephone Number: |  | | |
| Website: |  | | |
| Social Media URLS: | Twitter:  Facebook:  Pinterest:  Instagram:  Other: | | |
| **\*Note that all reimbursements must be made to an organization.** | | | |

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| --- |
| **Group / Organization’s Mandate & Prior Work** |
| Please provide a brief overview of your mandate and highlight prior work in the community: |
|  |

|  |
| --- |
| **Target Demographics** |
| Please explain briefly (200 word maximum) the target demographics you wish to host this program/event for: |
|  |

|  |
| --- |
| **Target Timeline** |
| Please explain briefly (200 word maximum) the target timeline you wish to host this program/event: |
|  |

|  |
| --- |
| **Anticipated Attendance** |
| Please outline the anticipated attendance for this event, and how it will be calculated: |
|  |

**PROPOSAL INFORMATION**

|  |
| --- |
| **Project or Program Summary** |
| Please describe briefly (200 word maximum) the program or project, and how it will help to bring an amazing experience to our Downtown: |
|  |

|  |
| --- |
| **Affiliations / Collaboration with Downtown Kitchener Businesses** |
| Please list the businesses and/or other organizations in Downtown that will be involved with the project. **Contact name and information (phone and/or email) must** be included beside each business listed. |
|  |
| **Note: To be eligible for funding, a minimum of three (3) businesses should be included in the project.** |

|  |
| --- |
| **Other Partnerships / Collaboration** |
| Please provide a list of any other partners, anticipated public involvement and if applicable any anticipated need for road closures or access to other public spaces: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget: Revenues** | | | |
| Please provide a budget showing anticipated revenues. ***Note, ‘Actual’ financials must be reported within thirty (30) days of the event.*** | | | |
| **Revenue** | **Budget** | **Actual \* Final report only** | **Notes** |
| Local Government |  |  |  |
| Provincial Government (specify) |  |  |  |
| Federal Government (specify) |  |  |  |
| Foundations (specify) |  |  |  |
| Cash Donations |  |  |  |
| Fundraising |  |  |  |
| Applicant Contribution |  |  |  |
| Sponsorships (specify) |  |  |  |
| Other Cash (specify) |  |  |  |
| In-Kind (list products and or services that are being provided for your use free of charge) |  |  |  |
| **Total Revenue** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget: Expenses** | | | | |
| Please provide a budget showing anticipated costs; what is the total budget, how much is requested from the BIA, what are the other contributions (shared funding, volunteer labor, donated materials, fundraising). ***Note, ‘Actual’ financials must be reported within thirty (30) days of the event.*** | | | | |
| **Expenses** | **Budget** | **Actual \* Final report only** | **Amount requested from Community Builder Grant Program** | **Notes** |
| Fee for artists |  |  |  |  |
| Administration costs |  |  |  |  |
| Travel |  |  |  |  |
| Facilities rentals |  |  |  |  |
| Equipment Rentals |  |  |  |  |
| Equipment Purchases |  |  |  |  |
| Technical support |  |  |  |  |
| Licensing Fees |  |  |  |  |
| Marketing |  |  |  |  |
| Printing |  |  |  |  |
| Materials |  |  |  |  |
| Other |  |  |  |  |
| **Total Expenses:** |  |  |  |  |

**DECLARATION**

In making this application, I/we, the undersigned, declare to the best of our knowledge that the information contained in this application is accurate and complete. Further, that should our proposal be accepted in part or in whole, the funds granted would be used for the stated purposes and that I/we would comply with all terms and conditions as outlined.

|  |  |
| --- | --- |
| Name (please print) |  |
| Signature |  |
| Position/Title |  |
| Date |  |