

## **COMMUNITY BUILDER GRANT PROGRAM**

## MAIN-STREET MEMBER BUSINESSES 2024 APPLICATION FORM

(Projects/Programs to be completed in 2024)

PROGRAM INFORMATION		
Name of Program / Project:		
Total Program / Project Costs:	\$	
Total Requested from BIA	\$	

## **IMPORTANT Application Requirements:**

- Submissions must be inclusive placemaking initiatives. Applications that have admission/participation costs **are not** eligible for funding.
- The total requested amount must not exceed the maximum project funding cap of \$1,000.
- All applications must be submitted 30 days before the event/program start date for consideration.
- Only three (3) applications are permitted per calendar year by Main-Street Member Businesses.
- Applications for programs already funded through the Outside Community Coordinator stream of the Community Builder Grant Program will not be accepted.
- Please note expenses will not be covered for staffing costs.
- Applications will only be accepted by Main-Street Member Businesses. Therefore, Outside Community Coordinators must apply for the Outside Community Coordinator stream of the Community Builder Grant Program.

APPLICANT INFORMATION					
Project Coordinator:					
Telephone Number:	Work	c:		Home:	
Email Address:					
Name of Group /					
Organization:  Downtown Kitchener BIA		Y/N	Commu	nity Group	Y/N
Member		1 / 10	Commu	They Group	1710
Mailing Address:					
Telephone Number:					
Website:					
Social Media URLS:		Twitter:			
		Facebook:			
		Pinterest:			
		Instagram:			
		Other:			
*Note that all reimbu	rseme	nts must be made to	o an organizati	on.	

Target Demographics
Please explain briefly (200 word maximum) the target demographics you wish to host this event for:
Trease explain arreity (200 from marrial in a fact are i
Target Timeline
Please explain briefly (200 word maximum) the target timeline you wish to host this program/event:
riease 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:
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Funding
If you awarded Community Builder Grant Funding, how will you acknowledge this support from the
businesses of Downtown Kitchener:
DUSTILESSES OF DOWNLOWN KITCHERIEF.
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:
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, information (phone and/or email) and how they will be involved must be included beside
each business listed.
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:

<b>Budget:</b>	Revenues
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Please provide a budget showing anticipated revenues. *Note, 'Actual' financials must be reported within thirty (30) days of the event.* 

Revenue	Budget	Actual * Final	Notes
		report only	
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			

<b>Budget: Expenses</b>				
Please provide a bud	dget showing anticipa	ted costs; what is the	total budget, how mu	ich is requested
from the BIA, what a	are the other contribu	tions (shared funding	g, volunteer labor, don	ated materials,
fundraising). Note, 1	'Actual' financials mus	st be reported within	thirty (30) days of the	e event.
Expenses	Budget	Actual * Final	Amount	Notes
		report only	requested from	
			Community	
			<b>Builder Grant</b>	
			Program	
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	