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| **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. | |

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| **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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| **Target Demographics** |
| Please explain briefly (200 word maximum) the target demographics you wish to host this 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: |
|  |
| **Funding** |
| If you awarded Community Builder Grant Funding, how will you acknowledge this support from the businesses of Downtown Kitchener: |
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| **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, information (phone and/or email)** **and how they will be involved** must be included beside each business listed. |
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| **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: |
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| **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** |  |  |  |

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| **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 |  |