



## 2025 NCIF APPLICATION FORM – TORONTO

### Organization Qualifications

1. Select one of the following:

*To qualify, your organization must be a Qualified Donee OR partner with a trustee with Qualified Donee status. If you do not have that information prior to submitting your application, please contact the member of your organization who handles finances, who would have that information.*

- (Check Box) We are registered with our own charity number
  - Please provide your charity number (text box)
- (Check Box) We have a trustee with a charity number
  - Trustee Name (text box)
  - Trustee Phone (text box)
  - Trustee Email Address (text box)
  - Trustee Charity Number (text box)

2. Please note: This grant only applies to projects and / or programs involving Sports / Physical Activities.

(Check Box) I confirm that my application is for a project and / or program involving Sports / Physical Activities.

3. Please enter the first 3 digits of the postal code (the FSA – ie. M4S) of the neighbourhood you provide the bulk of your services to.

Community Focus – If you do not know off hand, please use Google maps

(<http://www.google.com/maps/>) to locate a landmark within your neighbourhood and obtain the postal code. The FSA is the first 3 characters – letter, number, letter.

Please note: Priority will be given to organizations operating projects and programming within Toronto's Neighbourhood Improvement Areas (NIA) as outlined in the NCIF Guidelines.

Organizations operating outside of the defined NIA list will be considered based on capacity, location and programming details.

### Address Proof

Please upload a document of proof that shows your organizations serves the FSA you provided on the previous page.



Please note – this could be a bank statement showing the address of your organization is based within the FSA, or you can show a permit proving activities take place there.

*The following documents are acceptable methods of proof:*

- *Utility Bill*
- *Bank Statement*
- *Rent Receipt / Permit*
- *Other*

If your document of proof doesn't tell the story, please describe with as much detail as possible, where you provide your services. Include facility / location names, intersections / addresses, etc. (Text Box)

## **Organization Information**

1.1 Organization name: \*

1.2 Briefly describe your organization's mission and primary activities. Later you will be asked about the objectives of your project / program. Here we want to know the objectives of your organization as a whole. \*

(text box)

1.3 Number of Paid Employees - How many employees do you have, including both full-time and part-time staff? \*

(text box)

1.4 What is your website address? \*

(text box)

1.5 Please provide the name, phone number, and email address for your organization's leader, such as Executive Director or Board Chair.



1.6 Organization leader first name: \*

(text box)

1.7 Organization leader last name: \*

(text box)

1.7 Organization leader email address: \*

(text box)

1.8 Organization leader phone: \*

(text box)

In the questions below, we want to know about your previous fiscal year and current fiscal year income and expenditures. We ask about both your budget\* and actual\* numbers in the current fiscal year, understanding that you may not have a complete picture in the current year.

\*If you are a school, school district, or large government entity, please submit the department or program budget in place of your organization budget.

1.9 Fiscal year start date: \*

(calendar)

1.10 Fiscal year end date: \*

(calendar)

1.11 Organization income - previous fiscal year actuals: \*

(number)







2.5 DIRECT IMPACT – ADULTS: How many adults will be impacted DIRECTLY by your organization’s project / program? \*

(number)

2.6 POPULATION FOCUS – GENDER IDENTITY: Please select the option below that best describes at least 75 percent of the population to be served. \*

All gender identities | Female / Female identifying | Male / Male identifying |  
Non-Binary identifying | Other (not listed above)

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Bottom of Form

### Grant Purpose

3.0 What need does your organization’s project / program address? Describe the critical community need or issue you plan to address and the population to be served. \*

(text box)

3.1 How will you address this need? Please provide a brief narrative about your organization’s project / program. Include details of what specific activities and strategies will you employ in addressing the issue/need identified, and why your organization will be effective. If you are planning to use a model that has proven to be successful elsewhere, please tell us about it. \*

(text box)

3.2 What will success look like? Identify the specific measurable outcomes you anticipate as a result of your planned activities and outline how you will measure success or impact. \*

(text box)

3.3 Total project cost: \*



(number)

3.4 Amount requested of NCIF: \*

(number)

3.5 Who are your organization's project / program leaders and what role will each play? Please provide up to 2 contacts.

Contact 1

Project / Program leader first name: \*

Project / Program leader last name: \*

Project / Program leader email address: \*

Project / Program leader phone: \*

Role description: \*

Contact 2 (optional)

Project / Program leader first name:

Project / Program leader last name:

Project / Program leader email address:

Project / Program leader phone:

Role description:

3.6 How do your leaders, staff, and volunteers reflect the population to be served? If they do not reflect the population, how do you connect to that community to ensure services are designed and delivered appropriately? \*

(text box)



3.7 Who are your community partners? Describe any partnerships or collaborations associated with this project / program. \*

(text box)

3.8 Committed Support: Please list the donors who have committed funding for the project and how much each has committed. Please specify if support is in-kind (Note: please list individuals collectively; foundation and/or business contributions should be specific).

Does this project HAVE any donor(s)? \*

No Yes

3.9 Considering the list of donors above and all other known sources, what is the grand total of fully committed support for the project / program?\*

(number)

3.10 If your project / program funding requires additional explanation, please provide it here. \*

(text box)

3.11 What is your project / program start date? \*

*\* Your project date should not start before NCIF grants are disbursed on May 30, 2025.*

(calendar)

3.12 What is your project / program end date? \*

*\* Your project date should not start before NCIF grants are disbursed on May 30, 2025.*

(calendar)

**Document Upload**





4.0 Upload your projected / program budget. The budget should reflect both revenues, expenditures, and specify how NCIF funding would be applied for your organization's project / program regarding the needs you have outlined throughout this application. (Indicate confirmed or pending support). Please include specific budget items to the best of your ability. \*

(file submission)

4.1 Upload a list of your Board of Directors. This list should include names and affiliations. \*

(file submission)

4.2 Upload plans, logic models, photos, etc. You may only upload one document; please combine all materials into one document. \*

(file submission)