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| greytab1. Group/Organization | | | | |
| Legal Name of Group/Organization | | | | |
| Street Number | Street Name | | | Suite/Unit Number |
| City/Town | | Postal Code | | Telephone Number |
| Email | | | Website (if applicable) | |
| Charity or Non-Profit Registration Number (if applicable) | | | | |

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| greytab2. Project Lead | | | |
| First Name | | Last Name | |
|  | Check this box if First Name and Last Name do not apply to you because you have a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below. | | |
| Single Name | | | |
| Position/Title in your Group/Organization | | | |
| Telephone Number | | Mobile Number | Email |

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| greytab3. Secondary Contact | | | | |
| First Name | | | Last Name | |
|  | Check this box if First Name and Last Name do not apply to you because you have a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below. | | | |
| Single Name | | | | |
| Position/Title in your Group/Organization | | | | |
| Telephone Number | | Mobile Number | | Email |

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| greytab4. Project Information | |
| Project Title | |
| Location of Project (Street Address, Neighbourhood, Specific City Ward(s) or city-wide) | |
| Anticipated Project Start Date (yyyy-mm-dd) | Anticipated Project End Date (yyyy-mm-dd) |

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| greytab5. Funding Request and Total Budget | |
| Grant Request (maximum $25,000):  $ | Total Project Budget:  $ |

# Important: Please read the Application Guidelines before starting this EOI.

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| greytab6. Project Summary (400 words) |
| Provide a summary of the proposed project. |

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| greytab7. Background Information (400 words) |
| Tell us about your group/organization. |

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| greytab8. Rationale (400 words) |
| 1. Explain why the proposed project is needed by clearly defining the waste challenge/problem that the community is facing; and 2. why your group and your proposed project will successfully address this challenge/problem. |

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| greytab9. Community Engagement (400 words) |
| 1. Tell us about the audience/community who will be served by the project.      1. Define the project's key stakeholders and partner group(s), and how they will be involved in the project. |

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| 10greytab. Project Activities & Budget | | |
| **Activity/item** | **Brief explanation of activity/item** | **Estimated Cost ($)** | **Funding Request ($)** |
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| **Total** | |  |  |

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| greytab11. Outcomes (400 words) |
| What are the outcomes that your project activities intend to achieve?    How will the outcomes advance the goals of the City of Toronto's [Long Term Waste Management Strategy](https://www.toronto.ca/wp-content/uploads/2017/10/8ed4-Toronto-Waste-Strategy-Exec-Summary-FINAL-AODA.pdf)? |

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| greytab12. Evaluation (400 words) |
| How will you measure the success of your proposed project? |

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| greytab13. Submitting the Expression of Interest (EOI) |
| * **EOI Submission Deadline: Friday, March 1, 2019 at 5 p.m.** * Submit the completed EOI, as an MS Word document, to: [livegreengrants@toronto.ca](mailto:livegreengrants@toronto.ca). **Please do not send a PDF or print version of your EOI**. Thank you for helping us to reduce waste! * Applicants will receive an email confirming the receipt of the EOI. * **Next steps:**   City of Toronto staff will review the EOI applications and identify the proposals that will proceed to 'Step 2: Full Application' stage. Applicants moving on to the next stage will be notified via email by **March 29, 2019**. |

# Contact Information

For questions, comments or concerns regarding the [Waste Reduction Community Grants](https://www.toronto.ca/services-payments/water-environment/environmental-grants-incentives-2/waste-reduction-community-grants/) program or this EOI application, please contact:

**Gowthaman Rajakumar**, Grants Coordinator

Environment & Energy Division

Metro Hall, 2nd Floor, 55 John Street

Toronto, Ontario

M5V 3C6

Telephone: 416-338-8278

Email: [livegreengrants@toronto.ca](mailto:livegreengrants@toronto.ca)