**Local Leadership Grant Application 2024**

Applications will only be accepted that are submitted through this link - <https://cotsurvey.chkmkt.com/?e=374819&d=l&h=CC977186FC16D18&l=en>

Please email communityfunding@toronto.ca if you have any questions.

1. **Your Group’s Name**
2. **Your Event/Activity Name**

Group Lead Contact Information

The Group Lead may be contacted for more information on the application (if needed). City staff will also communicate by email with the Group Lead on the status of your group's funding application.

1. **Full Name**
2. **Postal Code (e.g. A1A 2B2) \*Note: Group lead must live in Toronto.**
3. **Phone Number**
4. **E-mail Address**
5. **Please provide us with the contact information of your Group Members.** Resident-Led Groups with 3 or more members are eligible to apply for the Local Leadership Grant. Your Group Lead counts as one member.

Group leads must be a resident in the [Community Coordination Plan cluster](https://www.toronto.ca/community-people/get-involved/community/community-coordination-plan-clusters/#_&lat=&lng=) in which the event/activity takes place.

Groups cannot have all members living in the same household. All groups must have a different email and phone number for contact.

| Group Member | Name | Postal Code | E-mail | Phone Number |
| --- | --- | --- | --- | --- |
| #1 |  |  |  |  |
| #2 |  |  |  |  |
| #3 |  |  |  |  |
| #4 |  |  |  |  |
| #5 |  |  |  |  |

1. **Do your group members identify as any of the following? (Check all that apply)**
* Black
* Indigenous (First Nations, Inuit, and Metis)
* 2SLGBTQ+
* Persons with Disabilities
* Newcomers
* Seniors
* Youth
* Specific Ethno-Racial Group (please specify)
* Other (please specify)
1. **Is this activity/event part of an agency or City-run program?**
* Yes, this is an agency or City-run program
* No, this is a resident-led event

Please note that the Local Leadership Grant is for resident-led activities and events. Applications cannot be for existing agency or City-run programming. If you are unsure about the purpose of your event/activity, please contact your [Community Development Officer (CDO)](https://www.toronto.ca/community-people/get-involved/community/community-development-officers/?accordion=community-coordination-plan-and-toronto-strong-neighbourhoods-strategy%C2%A0) at your local cluster.

1. **Please tell us about your project – What does your group plan to do? (200 words or less)**
2. **Tell us about your group. How are you connected to the community you will serve? (200 words or less)**
3. **How do Black, Indigenous and other equity-deserving populations connect, engage and participate in your project? (100 words or less)**

Equity-deserving groups: Communities that face significant collective challenges in participating in society because of institutional and societal barriers to equal access, opportunities and resources due to disadvantage and discrimination. These groups are due social justice and reparation. Examples of equity deserving groups are racialized groups, women, 2SLGBTQ+, persons with disabilities, undocumented individuals, immigrants and refugees, peoples with low income, youth.

1. **Does at least one of your group members have a valid Food Handling Certificate?**
* Yes
* No

If you answered no to the question above, please note that one of your groups members will be required to attend Food Handler Certification.

1. **In which geographical cluster will your event/activity take place?** Group lead(s) must live within the geographical area of their [Community Coordination Plan cluster](https://www.toronto.ca/community-people/get-involved/community/community-coordination-plan-clusters/#_&lat=&lng=)
* North Etobicoke
* South Etobicoke
* York Weston Pelham
* Black Creek Humber Summit
* North York
* Downtown West
* Downtown East
* East York Don Valley
* North Scarborough
* South Scarborough
1. **Where will your event/activity take place?** Please provide the address or the major street intersection. Your location does not need to be confirmed before you apply. Your event or activity MUST take place in a public space. For example: community hub, community centre, community garden, local library, park, multi-purpose room of Toronto Community Housing building, etc.
2. **Postal Code of Location (e.g. A1A 2B2)**
3. **What is the frequency of your project event/activities?** Please note that the event/activity must start and finish within 30 days.
* Project is a one-day event/activity
* Project is a multi-day event/activity that will conclude in 30 days
1. **When will your event/activity start?** Please select the Start Date when your event/activity is open to the public.

Your event/activity must be FREE and OPEN to other residents (not just your group members).

Please note: Events/activities must take place between June 1, 2024 and December 31, 2024.

* Day
* Month
* Year
1. **When will your event/activity end?** Please select the Start Date when your event/activity is open to the public.

Your event/activity must be FREE and OPEN to other residents (not just your group members).

Please note: Events/activities must take place between June 1, 2024 and December 31, 2024
* Day
* Month
* Year
1. **Estimate the total number of people who will attend your event/activity.**
2. **Which Toronto Strong Neighbourhoods Strategy priority area does your event/activity support?** Please select all options that are applicable.
* Economic Opportunities (For example, jobs skills workshop, certification workshop, employment forum)
* Healthy Lives (For example, nutrition workshop, wellness day, gardening event and more)
* Participation in Decision Making (For example, community speak out event, leadership training, civic action forum and more)
* Social Development (For example, educational workshop/forum, back to school event, neighbourhood festival and more)
* Physical Surroundings (For example, community Healthy Lives (For example, nutrition workshop, wellness day, gardening event and more) beautification event, neighbourhood walking tour, community art event and more)
1. **Please attached your project workplan. You must use the workplan template provided or your project will be ineligible for funding.** [**Workplan Template**](https://contrib.wp.intra.prod-toronto.ca/wp-content/uploads/2024/02/95e8-Local-Leadership-Grant-Workplan-Template.docx)
2. **Please fill in the budget table below with clear descriptions about how you will spend your funds. Your request must total $4000**.

|  |  |  |
| --- | --- | --- |
| Budget Items | Description | Amount ($) |
| Project Coordination |  |  |
| Honorarium for Volunteers |  |  |
| Food/Drinks |  |  |
| Facilitation/Speaker Fees |  |  |
| Outreach Material |  |  |
| Transportation |  |  |
| Basic Project Supplies (i.e. office supplies) |  |  |
| Space Permits |  |  |
| Other, please specify  |  |  |
| Other, please specify |  |  |
| Other, please specify |  |  |
| Other, please specify |  |  |

1. **Please list any donated items or services. This information will provide a fuller picture to the review panel of what resources are being used.**

|  |  |  |
| --- | --- | --- |
| Items  | Description | Estimate Value (in $) |
| Item #1 |  |  |
| Item #2 |  |  |
| Item #3 |  |  |
| Item #4 |  |  |
| Item #5 |  |  |
| Item #6 |  |  |
| Item #7 |  |  |
| Item #8 |  |  |
| Item #9 |  |  |
| Item #10 |  |  |

Please review the Declaration of Compliance with Anti-Harassment/Discrimination Legislation & City Policy carefully and then provide your group's commitment to abide by this policy at the end of the page.

Declaration of Compliance with Anti-Harassment/Discrimination Legislation & City Policy

Organizations/individuals in Ontario, including the City of Toronto, have obligations under the Ontario Human Rights Code, the Occupational Health and Safety Act, the Employment Standards Act, the Accessibility for Ontarians with Disabilities Act, the Criminal Code of Canada and the Charter of Rights and Freedoms. In addition, the City of Toronto also has policies that prohibit discrimination on the additional grounds of political affiliation or level of literacy, subject to the requirements of the Charter. Organizations are required to have and post policies, programs, information, instruction, plans and/or other supports, and an appropriate internal process available to their employees and service recipients to prevent, address and remedy discrimination, racism, harassment, hate and inaccessibility complaints under the applicable legislation and including the additional grounds of discrimination prohibited under City policy. Individuals are obliged to refrain from harassment/hate activity. The City of Toronto requires all organizations and individuals that contract with the City to sign the following Declaration of Compliance with Anti-Harassment/Discrimination Legislation & City Policy.

Declaration:

I/we uphold our obligations under the above provincial and federal legislation. In addition, I/we uphold our obligations under City policies which prohibit harassment/discrimination on a number of grounds including political affiliation and level of literacy. WHERE LEGALLY MANDATED I/we have in place the necessary policies, programs, information, instruction, plans and/or other supports that are consistent with our obligations, and I/we have an internal process available to my/our employees and service recipients to prevent, address and remedy discrimination, racism, harassment, hate and inaccessibility complaints. I/we agree that I/we shall, upon the request of the City, provide evidence of the policies, programs, information, instruction, plans and other supports and an appropriate internal complaint resolution process required under this Declaration which is sufficient to allow the City to determine compliance. I/We acknowledge that failure to demonstrate compliance with this declaration to the satisfaction of the operating Division, in consultation with the City Solicitor, may result in the termination of the contract.

1. **Our group agrees to the Declaration of Compliance with Anti-Harassment/Discrimination Legislation & City Policy.**
* Yes
* No
1. **Attestation - Please verify the attestation below to complete and submit your application**
* I attest and verify that all the information I have included in this application is true.