

### Note: Draft Version

This application has not been submitted

**Funding Opportunity Name and Cycle** Black Mandated Funding (BMFFG2024) January 1, 2025 to December 31, 2025

**Application ID**

**Submission Deadline**

## Organization Details

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If any sections/documents on the Organization Profile are soon to be updated or require explanation, enter details here.

## Organization Eligibility

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Please select at least one of the following that best describes your group or organization

Please select any of the following options that apply to your organization

**Mandate/Mission:** Does your group/organization have a mandate that explicitly states that you serve Black communities and are grounded in Black/African centred approaches across services and programs?

Yes

If you selected "Yes" above, please describe.

**Governance:** Is your group/organization led by a majority of staff and board members who self-identify as Black or of African descent?

Yes

If you selected "Yes" above, please describe.

Population Served: Does your group/organization primarily serve Toronto's diverse Black communities?

Yes

If you selected "Yes" above, please describe.

Community Accountability and Trust: Does your group/organization respond to community needs and continually develop and maintain relationships within the communities being served?

Yes

If you selected "Yes" above, please describe.

Your group is based in the City of Toronto, without exception. This means the organization must be located in Toronto with an address that begins with an "M" postal code. Grant-supported activities must take place in Toronto, except for Afro-Indigenous groups offering land-based activities.

Yes  No

If you selected "Yes" above, please describe.

Your group consists of three (3) or more African/Black self-identified active members/staff who are residents of the City of Toronto.

Yes

Upload confirmation documents

## Contact Details

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Board List

Signing Authority (please use an email affiliated with your organization)

Cathy Thomas, Executive Director (busadeduc+100@gmail.com)

Is your group governed by a Board of Directors or leadership team that is comprised of more than 50% Toronto residents?

Yes

Trustee Required  
Yes

## Project Details

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Project Name

Please describe your project. What is the overall goal? What outcomes does your project aim to achieve?

Requested Amount

What is the total budget to carry out your project?

Briefly describe how you will use the requested funding amount

Do you intend to request funding for year 2 (multi-year)?

Yes  No

If you selected "Yes" above, please describe how you will spend the funds and how much funding will be needed in year 2.

Please upload a copy of your year 2 budget.

Expected Start Date

Expected End Date

## Project Location

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Will your project take place in Toronto?

No

Is your project providing culturally-based Indigenous programming outside the boundaries of the City of Toronto for the benefit of urban Indigenous communities of Toronto?

Which of the following best describes your project's intended service area?

A specific neighbourhood in Toronto

Where will your project activities take place?

Both Virtually and In Person

What is your plan to ensure you can deliver your project activities virtually and that your participants have the skills and technology to join? How will you make sure participants feel safe and comfortable enough to participate in your activity virtually?

Please provide the location(s) where your project will take place including major intersection and a description of the space/venue

Project Location(s)

## Project Activities

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Is this a new project?

How has your project been designed to eliminate or reduce barriers to participation?

Approximately how many unique participants are expected to participate in your project activities?

Is your project free for participants?

No

How will your group make sure that people who cannot afford the fee can still participate in the project?

Will your project have any paid staff?

Yes

Total number of unique people to be employed for the project

Will your project engage any volunteers?

Yes

Total number of unique volunteers you anticipate for the project

## Project Need

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How do you know this project is needed?

Who informed the development of this project?

Please briefly explain how your project will address the priorities identified in the funding guidelines.

## Additional Questions

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How will the implementation of your workplan advance improved outcomes for Black clients and service users?

Tell us about the capacity building supports your organization would benefit from.

Which stream(s) are you applying for, select all that apply from the list below:

## People Served & Focus Community

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Who does your project serve and how are you connected to the community you are serving?

Please check all boxes that describe the population(s) served by your project  
Children (0-14 years), Youth (15-29 years), Adults (30-64 years), Older Adults & Seniors (65-84 years), Seniors (85 years and over)

Children

Youth

Adults

Older Adults & Seniors

Seniors

Indigenous People from Canada

Gender

2SLGBTQ+ people



Racialized Groups

Culturally-based/Ethno-specific population groups(s)

Families

People experiencing homelessness

Immigrants and Refugees

Persons with a Disability

Students

Other Vulnerable Populations

How will you know you are engaging these populations?

What data sources will you reference or collect?

## Experience & Community Engagement

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What experience does your group/organization have to successfully implement the project?

Please describe your outreach plan and how you will engage the focus community, volunteers and participants in the planning, implementation and evaluation of this project.

## Community Partners

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Are there any community partners that will be involved in the planning, implementation or evaluation of your project?


Yes

Community Partner Details

## Monitoring, Evaluation, Impact

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What are some of the expected outcomes of your project? How will your project impact those served?



What will project evaluation look like? How will you know whether your project was effective and achieved what you set out to do?

## Trustee Required

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Have you identified a trustee organization that you plan on working with?

Yes

Trustee Organization Name

Contact Name

Phone

Email

Mailing Address

City

Postal Code

## Work Plan

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## Budget

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### Expenses

### Revenue

### Budget Summary

## In-Kind Support

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Will your project be receiving any in-kind support?

Yes

### In-Kind Support