**SEED GRANT APPLICATION**

The Toronto League is affiliated with the Association of Junior Leagues International, based in New York. There are over 290 Junior Leagues in Canada, the U.S., Mexico and Great Britain, with more than 200,000 members.

**The deadline for Seed Grant applications is Jan 15, 2021.**

**To improve the quality and speed of evaluation, this application must be filled out electronically and emailed to info@jlt.org with a signed hard copy mailed or faxed to the address below.**

Community Action Seed Grant Coordinator

The Junior League of Toronto539A Mount Pleasant RoadToronto, ON M4S 2M5 Tel: (416) 485-4218Fax: (416) 485-5949

**Please include relevant background materials on your group and if available, the proposed program, inclusive of a financial statement.**

|  |  |
| --- | --- |
| NAME OF ORGANIZATION | |
|  | |
| ADDRESS | TELEPHONE NUMBER |
|  |  |
| EMAIL ADDRESS |
|  |
| CHARITABLE DONATION NUMBER |
|  |
| NAME OF BANK AND BRANCH |
|  |

|  |  |
| --- | --- |
| SEED GRANT AMOUNT REQUESTED | $ |
| TOTAL FUNDING REQUIRED TO INITIATE PROGRAM | $ |
| Please describe fully the proposed program: | |
|  | |
| If the total funding required to initiate the proposed program exceeds the Seed Grant request, how will the additional funding be attained? | |
|  | |
| Please provide a breakdown of how the Seed Grant funds would be used: | |
|  | |
| Describe why you believe your program will provide an essential service to the community: | |
|  | |
| The JLT's current community focus is Self Esteem and Youth. Describe how your program aligns with our focus area. | |
|  | |
| Do you plan to use volunteers in your programming? | YES NO |
| If yes, how? When do you most often require volunteers? Would you be willing to offer volunteer opportunities to the JLT? Training? | |
|  | |

|  |
| --- |
| Has your group received a seed grant from the JLT in the past 24 months? |
| YES NO |
| How will you publically recognize the JLT for the Seed Grant? |
|  |
| How do you propose to measure and evaluate the success of the program that the seed grant would fund?  Please include details on the methods that will be used to track the success of the program i.e. description of metrics and goals, timelines during which the metrics will be tracked. What values of the aforementioned metrics would look like success to your organization if you were to undertake the project? |
|  |
| Describe the steps that will be taken to secure future funding for the program: |
|  |
| List the names of all Directors and Officers of your organization: |
|  |

Two representatives from your organization are required to sign the application as indicated below; at least one of whom should be an authorized signing officer:

|  |  |  |
| --- | --- | --- |
| Contact Person Signature |  | Authorized Signing Officer Signature |
|  |  |  |
| Contact Person’s Name & Position |  | Authorized Signing Officer’s Name & Position |
|  |  |  |
| Address |  | Address |
|  |  |  |
| Phone Number |  | Phone Number |
|  |  |  |
| E-mail Address |  | E-mail Address |
|  |  |  |
| Date |  | Date |
|  |  |  |