



Centre Community Funds application form



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Application number (For Toronto Community Housing use only):

Part A: Applicant information

Type of application

Tenant

Tenant group

Applicant name (if it is a tenant group, list all the members):

Address:

Region:

Central

East

West

Email (if it is a tenant group, list the primary contact):

Phone number (if it is a tenant group, list the primary contact):

The personal information requested on this form is collected under the authority of the *Housing Services Act, 2011* and *s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of administering the event and administrative purposes. If you have any questions about the collection of this information, please contact Zhora Adata, Education and Advocacy Consultant at the TheCentre.EducationAdvocacy@torontohousing.ca.

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Part B: Community support

List a minimum of eight tenants from your building/townhouse committee that support your application. No more than two signatures from the same household will be accepted.

#	Tenant name	Address	Phone number or email	Signature
1				
2				
3				
4				
5				
6				
7				
8				

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Part C: Project information

Project name: _____

Expected start date: _____

Expected end date: _____

Project type:

Single event/activity

Multiple events/activities

1. What do you hope this project will accomplish?

Connect tenants to services and opportunities

Develop partnerships and networks to deliver local programs and services that will improve social conditions and promote safer communities

Increase tenant participation in activities that influence tenants' quality of life

Describe the project and why you are proposing it. Please specify in the space provided or attach your document.

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2. Which areas of the CABR Strategy’s eight-point plan relate to your project?
Check all that apply.

- | | |
|---|---|
| Decent and fair housing | Community centered safety |
| Meaningful economic investment | Divesting from police culture |
| Healthy children, youth, and families | Uplifting social support networks |
| Access to culturally responsive health and mental health services | Addressing anti-Black racism and cultural redress |

3. Who will benefit from this project? Select your target population.

- | | | |
|------------|--------------|---------------------------|
| Children | Seniors | Persons with disabilities |
| Youth | Families | |
| Adults | Community | |
| 2SLGBTQIA+ | Other: _____ | |

Please describe how this project will benefit the community and address anti-Black racism. Provide details in the space provided or attach your documents.

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4. How many tenants do you expect to participate?

5. How do you plan to report back on the success of your project? Check all that apply.

- | | |
|-------------|----------------------------|
| Photos | Feedback from participants |
| Short video | Attendance sign-in sheets |
| Report | Other: _____ |

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What does success for your project look like? Please provide details below or attach your documents.

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Part D: Partners

Are there any individuals, agencies, or groups that are supporting this project?
Please provide a list and their role.

Partner	Role (e.g., in-kind donations, books, school supplies, monetary donation, staffing resources)

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Part E: Resources

What resources do you need for your project? Please provide details below or attach your document.

Activity	Resources required What items or services do you need and how many? (if applicable)	Requested amount
Total amount requested		

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Part F: Declaration

Check off each box to indicate your understanding and agreement.

Resources requested will only be used for eligible expenses listed and solely for the purpose of the project. Resources will not be utilized for personal use.

All funds will be reconciled by submitting original itemized sales receipts along with a completed expense report form and any unused funds within 14 days of project completion. Expenses cannot be incurred before the date an application is approved.

Funded applicants are responsible for both the use and reconciliation of funds.

I have or will connect with The Centre team or my local Community Services Coordinator to discuss my project and get support. I will send an email to TheCentre.EducationAdvocacy@torontohousing.ca to confirm that I have connected with TCHC staff.

All successful applicants will submit a brief summary report once the project is completed. The summary includes highlights and challenges of the project, how many tenants participated in the project and/or tenants' testimonials. Any photos or video provided must have tenants' consent. A project template will be provided.

All funded applicants must reconcile funds before seeking further resources. Funded applicants will not receive further resources if funds are misused or unreconciled.

All decisions made by The Centre for Advancing the Interests of Black People (The Centre) are final. Feedback for rejected applications will be provided upon request. Tenants are allowed to resubmit rejected applications.

All sections A to E of application form are completed.

Applicant signature (if it is a tenant group, use primary contact's signature):

Applicant name (if it is a tenant group, use primary contact's name):

Date: _____

Get in touch



torontohousing.ca/CABR



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TheCentre.EducationAdvocacy@torontohousing.ca



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