



Newmarket Community Action Table (CAT) Project  
Quick Action Grant Application 2025 – AGENCIES  
Round 1

**Summary**

The agency-led Quick Action Grant initiatives will address the community priorities of mental well-being and housing stability. Quick Action Grants of up to \$7,500 will support projects led and delivered by agencies that address community priorities. These are short-term projects that should be delivered within 9 months. These projects should focus on a community activity that does any of the following:

- Focuses on an action or activity related to mental well being or housing stability
- Focuses on an action or activity designed to inspire the local community
- Focuses on an action or activity that supports creating stronger connections among residents in the area and/or between residents and other stakeholders

**Eligibility**

- Alignment to local priorities and fund objectives
- Clear articulation of the project throughout the application
- Financial request is in line with the proposed activities
- Project demonstrates local support
- Applying community members, groups and agencies operate in or resident within the local area
- If the proposed initiative is part of a larger project for which the applicant has received funding, there must be a clear demonstration that the funding supports a new activity
- Projects should be completed in 9 months from notification of approval

<u>Eligible Expenses</u>	<u>Non-Eligible Expenses</u>
Food for participants at event/activity	Donations to other groups or organizations, religious groups, or political parties
Entertainment fees	Fines and penalties
Promotion, advertising, and communications	Alcoholic beverages
Administrative Costs (up to 10%)	Membership fees in clubs and organizations
Municipal permits or approval fees	Maintaining existing services
Honoraria for volunteers	Regular salaries and rent of office space
Online platform subscriptions	Support to ongoing already funded programs or activities where this funding would duplicate other funding received

Use of funds in excess of 50% of the total requested budget to one particular business

Newmarket CAT Project

Quick Action Grants – Agency

- Steps**
- Attend information session (optional)
  - Note timeline/deadlines
  - Complete the Application Form
  - **Submit application to [khalil@routescc.org](mailto:khalil@routescc.org) by 4:00PM May 15, 2025**

**Timeline**

Application Open	April 10, 2024
Information Sessions	April 14 <sup>th</sup> from 11:30am- 12:30pm April 28 <sup>th</sup> 4:30pm-5:30pm May 8 <sup>th</sup> 6:00pm Contact <a href="mailto:khalil@routescc.org">khalil@routescc.org</a> to reserve your spot
Grant Writing Workshop - Dr. JM Denison Secondary (Cafeteria – west parking lot entrance)	
<b>Application Deadline</b>	<b>4:00pm May 15, 2025</b>
Grant Selection Team Review	May 16 - 26 2025
United Way Review	May 26 - 30, 2025
Notify Applicants	June 1, 2025
Project Reports Deadline	March 31, 2025

***All completed applications must be submitted electronically to Khalil Prescod at [khalil@routescc.org](mailto:khalil@routescc.org) by 4:00 pm on Thursday May 15, 2025.***

1. **Project name:**

2. **Please list the community in which your project will take place**

<input type="checkbox"/>	Newmarket Northwest
<input type="checkbox"/>	Newmarket Central
<input type="checkbox"/>	Newmarket Heights
<input type="checkbox"/>	Newmarket Armitage
<input type="checkbox"/>	Newmarket Stonehaven
Other	

3. **Have you ever received a Quick Action Grant?**

**Yes/No**

**Name of Project:**

4. **Are you working with a specific population (e.g. youth, seniors, 2SLGBTQ+, or a specific ethno-cultural community)? If so, please list which population.**

5. **Group Lead Contact Information** (the person we would call to ask questions about the application or to inform regarding the application results):

Primary Contact Person	
Position/Role	
Address	
Phone	
Email	

Do you or your organization participate at the local CAT or relevant subcommittees?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
If no, would you be willing to do so if granted?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

## Newmarket CAT Project

## Quick Action Grants – Agency

6. **OPTIONAL: Trustee Commitment:** If you are requesting a trustee other than (Newmarket CAT) for this application, please attach your trustee letter of agreement. The trustee will help to implement the project activities and maintain financial records if the project receives funding.

Trustee Contact Name	
Trustee Organization Name	
Trustee Contact Information	
Signature	
Date	

7. **Partner Groups &/or Organizations:**

Identify the partners involved in this project. Indicate how long you have been working together and provide an example of any activity you previously accomplished together. Add more boxes if more partners are applicable.

**Partner #1**

Primary Contact Person	
Position/Role	
Address	
Phone	
Email	
# Of years working together	
Example of 1 activity accomplished together	
<input type="checkbox"/>	As a partner we commit to supporting this project if it receives funding

## Partner #2

Primary Contact Person	
Position/Role	
Address	
Phone	
Email	
# Of years working together	
Example of 1 activity accomplished together	
<input type="checkbox"/>	As a partner we commit to supporting this project if it receives funding

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## 8. Neighbourhood Residents Involved (if applicable) (submit additional page if necessary):

Name	Address	Email/Phone (We may contact this individual to confirm participation.)	Leadership Roles and responsibilities

9. **Other Supporting Stakeholders or Businesses Involved (submit additional page if necessary)** (e.g., a local business that is providing the project with space, or in-kind donations from a non-profit organization to support the project):

Name	Address	Email/Phone (this person may be contacted to confirm their participation)	Roles and/or responsibilities

10. **Please indicate the key priority identified by Georgina CAT that your project addresses. Please select one:**

	Priority Area
<input type="checkbox"/>	Mental Well Being
<input type="checkbox"/>	Housing Stability

1. **Please indicate which action area your project addresses. Select as many that are appropriate:**

<input type="checkbox"/>	Youth Peer Support	<input type="checkbox"/>	Neighbourhood Safety
<input type="checkbox"/>	Adult Peer Support	<input type="checkbox"/>	Self Help/Caregiver Support
<input type="checkbox"/>	Essential Needs	<input type="checkbox"/>	Neighbourhood Connectiveness
<input type="checkbox"/>	Cultural and Social Inclusion	<input type="checkbox"/>	Resident Education/Training
<input type="checkbox"/>	Service Navigation	<input type="checkbox"/>	Youth and Family Engagement
<input type="checkbox"/>	Housing Rights, Supports & Options	<input type="checkbox"/>	Technology Solution/Support
<input type="checkbox"/>	Green Space/Green Activity	<input type="checkbox"/>	Movement/Physical Activity
<input type="checkbox"/>	Violence Prevention	<input type="checkbox"/>	Other:

### **11. Project Description:**

Please provide a summary of the project. Tell us what you want to do; and when, where, why and with whom you want to do the project. What does your project hope to accomplish? (Approximately 200-300 words)



12. Briefly explain how this project will improve our community. How will this project address the key priority you selected in question #8?

13. Briefly explain how residents will be involved in the development and/or implementation of your project:

14. How many local residents will be involved by your project as participants?

15. When will your project start and end? Please provide the calendar dates:

Start:
End:

## 16. Project Plan:

Please provide a step-by-step project plan, indicating each of the steps (from planning to implementation to completion) in order. Show who will be responsible for what and give an estimated timeline.

Steps	Who will be doing it?	When will it be completed?

**17. Budget:**

Your request may total up to \$7,500.00.

<b>Total Amount Requested</b>	\$
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How will these funds be used? (Approximately 200-300 words)

Instructions for budget completion:

- Review the list of eligible and ineligible expenses
- Use the budget table below to tell us how much cash you need and what you can get donated elsewhere
- List as many details as possible to give a picture of what the money will be used for before, during and, if needed, after any event/activity
- The budget table includes what you are requesting from the Quick Action Grant
- Your expenses should be related to your activities in your project plan
- The budget must balance. Your costs must be the same as your revenue
- Your request can be up to \$7,500.00 over a timeframe of 9 months
- The budget and timeline may vary depending on a range of factors e.g. project scope, scale and intended impact

Budget table:

A	B	C	D*	E
Item	Description	Unit Cost	Donation	Total
<i>For example, t-shirts</i>	<i>T-shirts for youth event</i>	<i>\$5.00 x 24 t-shirts</i>		<i>\$120.00</i>
<i>For example, space rental</i>	<i>Room rental for meeting space</i>	<i>\$25.00/hr x 16 sessions</i>	<i>Donation: 800.00</i>	<i>\$800.00</i>
<i>YRT costs</i>	<i>Transportation costs</i>			
<b>Total Project Cost</b>				\$ 0.00
<b>Total Grant Requested</b> Column E minus Column D				\$ 0.00

**\*Column D:** Please indicate donations, grants, etc. from other funding sources, groups, or individuals. Also indicate if there will be any in-kind donations of equipment or time to help with the project and indicate who is contributing the items or assistance.

## 18. Evaluation Plan:

Please complete the following table. We have provided some examples in the table to help you:

<b>What are your project goals and how do they relate to the priority issue area chosen in question 9? (Include up to 4 goals)</b>  <i>Examples: Increased safety in neighbourhood; Improved mental wellbeing among residents; Improved housing stability for residents.</i>	<b>How do you know if you have achieved your goals?</b>  <i>Examples: We know we have been successful in our project if residents tell us they feel safer walking along in the neighbourhood; percentage of residents who report feeling safer; number of residents reporting improved mental wellbeing.</i>	<b>What information do you need to demonstrate the results of your project? How will you collect it?</b>  <i>Examples: We will talk to residents after our project and ask them if they feel safer walking in the neighbourhood and we'll write a summary of our discussion; recording observations; tracking housing stability through housing data.</i>

19. **Proposal to be signed by group lead contact person for the project (refer to page 1):**

I agree that by signing this application I will:

- Use funds only for the purpose granted
- Work with trustee (if applicable) to maintain records, and costs
- Work with my project team members
- **Complete all reporting requirements for the Quick Action Grant by March 31, 2026**

Project Contact:	
Organization Name:	
Signature:	
Date:	

**Please submit your application to [khalil@routescc.org](mailto:khalil@routescc.org) by 4:00 pm on Friday May 15, 2025**