

Community Activities Fund Application Form

Part A: Event Information

Event Name:	
Address:	
<input type="checkbox"/> One-time Event <input type="checkbox"/> Repeating Event	
If you checked repeating event, please tell us how often your event will happen over the year:	
Your First Name	Your Last Name
Your Email	Your Phone Number

How does this activity support events and activities suggested by your building?

Part B: What Do You Need

What is Needed for the Event What items or services do you need for the event?	Please list the estimated cost of each item:
Total Funds Requested	\$

Part C: Delivery

Who is the best person in the building to send deliveries to (tenant volunteer or building staff)?

Full Name	
Unit Number	
Buzzer Code (if applicable)	
Cellphone number	
Preferred Delivery Dates and Times (optional, check all that apply)	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>

Part D: Declaration

Please check off each box to show that you have read and agree with these statements.

- Funds being requested will only be used for eligible expenses listed. It is only for the purpose of the event. Items will not be for personal use or personal profit.
- Purchases are to be made by Toronto Seniors Housing Corporation staff. **In rare cases**, tenants can be reimbursed for up to \$100 for purchases made **after receiving written pre-approval** from the Manager, Community Programs and Partnerships. In these cases, tenants will need to supply original itemized sales receipts. The receipts must clearly show the vendor's name, address, purchase date, list of items, cost, and tax.

- Once an event is completed, all successful applicants must supply a summary report. The Community Services Coordinator (CSC) will provide the necessary form along with the confirmation of funding.

- Please note that the decisions made by the Community Activities Fund Coordination Table are final. However, if your application is denied, you will receive feedback on why it was denied. You can re-submit your application using feedback to make any necessary updates. We encourage you to take advantage of this opportunity to ensure that your application meets the requirements.

Applicant Name

Applicant Signature

Please send this application to your Community Services Coordination (CSC) for review and signature.

- South East: Ornella Cavasin, ornella.cavasin@torontoseniorshousing.ca
- South West: Joshua Graham, joshua.graham@torontoseniorshousing.ca
- North East: Ivana Barneche, ivana.barneche@torontoseniorshousing.ca
- North West: Shola Tijani, shola.tijani@torontoseniorshousing.ca

Application to be reviewed and following section to be completed by the CSC.

Date Reviewed:

CSC Name:

CSC Signature:

Part E: Community Activities Fund Summary Report

Please include the following information to report on the success of your Community Activities Funded activity, event, or purchase:

- Cellphone photos
- Short cellphone video if possible
- Attendance sign-in sheets
- Feedback form for participants
- Other: _____

- Please indicate if this was a tenant-led event or staff-led event:
 Tenant-led event Staff-led event

- Please indicate how many tenants attended your event? _____

Please provide a summary of how Community Activities Funds were used to support your initiative:

Please describe the impact and/or results of your initiative: