
Regional Relief and Recovery COMMUNITY DEVELOPMENT FUND APPLICATION GUIDE



Community Development Corporation
OF SAULT STE. MARIE & AREA
A Community Futures Development Corporation



672 Queen Street East, Sault Ste. Marie, ON P6A 2A4

Tel: (705) 942-9000 Fax: (705) 942-0274

e-mail: cdc@ssmcdc.com website: www.ssmcdc.com



What is the Regional Relief and Recovery Fund for Community Development Corporation of Sault Ste. Marie & Area (CDC)?

- The CDC of Sault and Area has jurisdiction extending to include Montreal River in the North, Laird Township in the East, Prince Township in the West and the City of Sault Ste. Marie.
- The CDC has set received \$90,000 for this Fund to support incremental local social and economic development projects/initiatives that benefit our communities. The amounts normally available range up to a maximum of \$5,000 per project/initiative.

Who is eligible to apply?

- First Nations, municipalities, economic development corporations or other non-profit community organizations operating within the boundaries of the CDC of Sault Ste. Marie & Area.

What types of activities may be considered eligible?

- Activities that support economic and social goals that benefit the community such as:.

Sample Community Development Initiatives:

- Projects that encourage Economic Renewal
- Marketing/Promotions/Studies/ Special Events
- Seminars or Workshops
- Equipment
- Strategic or Business Plans
- Workplace modifications
- Protective Personal Equipment
- General Start-up costs
- Projects that encourage shopping local
- Assist with moving to online commerce

What types of activities may be considered ineligible?

Ineligible projects may include the following:

- Normal ongoing operational activities;
- For profit activities.

What Criteria does the CDC use in evaluating projects?

Projects should:

1. Be related to recovery plans or requirements intended to address the negative impacts of COVID 19;
2. Demonstrate need for funds;
3. Have a positive economic or social impact;
4. Preserve or restore jobs in the community;
5. Have an implementation horizon to March 31, 2022;
6. Unless approved, fall within our limit of \$5,000.

What Communications may be required?

The recipient will provide an opportunity for the Community Development Corporation of Sault Ste. Marie & Area to receive public profile and acknowledgment for the support it extends to eligible projects. This could include the inclusion of logos on printed materials, press releases or press conferences. Opportunities for communications can be discussed with CDC staff. Applicant will supply a short final report outlining the outcome of the project, examples may include; - attendees/publications, leverages/partners/studies etc.

What is our application process?

If you feel your organization could take advantage of this program and meet some identified community need please complete the application as fully as possible and attach any additional information that you feel is necessary to both describe your project and how you will carry it out. **Community Development staff at the CDC are available to assist with this process. Applicants are encouraged to consult CDC staff for any clarification or feedback.**

Applications will be evaluated by the Executive Director based on the eligibility criteria previously conveyed. Any questions will be addressed to the contact person for your project.

You should retain a copy of your completed application for your records and submit a copy (by e-mail or hand deliverer) to the office listed below. Information and application forms are also available from the location given below.

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672 Queen Street East
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E-mail: cdc@ssmcdc.com
Web Site: www.ssmcdc.com

Regional Economic and Recovery Fund APPLICATION

Date Received: _____

(For Office Use Only)

Before completing this application, please read the *Application Guide* and *Essentials of Any Proposal*. If you have any questions, call the CDC office at (705) 942-9000.

Funding Requested: \$

Information on your CED Activity	
Project Title/Name: _____	
Start Date: _____	Completion Date: _____
Project Location: _____	

Community, Group or Organization Requesting Funding	
Group Name: _____	Contact Person: _____
_____	Title/Position: _____
Address: _____	Tel. - Work: _____
Town/City: _____	- Home: _____
Postal Code: _____	- Fax: _____
Web-site: _____	E-Mail: _____

Define your Group, Organization or Community – Its Mandate and Background

Provide a Brief Summary of Your Project and how meets the specific needs of your organization or community in recovering from the COVID pandemic.

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Will this project create or sustain employment? (If so, indicate number, short-term / long-term, full-time / part-time.)

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What resources are being committed to this project by partners, groups/organizations and levels of government? (include: time, skills, talent, "in-kind" contribution, financial, etc. Be as specific as possible.)

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What specific methods will your group/organizations use to measure the success of this project?

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Application from a Not for Profit, Municipality or First Nation. Please include (or attach) a recent financial statement and resolution from the Not for Profit, Municipal Council or Band Council formally requesting funds from the Community Development Corporation of Sault Ste. Marie & Area's Community Economic Developmental Fund to assist with this project.

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Detailed Project Budget

Complete the chart below or attach information that clearly outlines the costs and revenues for your project. Include written quotations or estimates from suppliers where required as well as any letters of support confirming any Partner contributions.

Project Costs (Please List)	Amount	Project Revenue (Sources of Funding)	Amount	Confirmed	Anticipated
		a) Government Funding:			
		Federal			
		Provincial			
		Municipal			
		b) Other sources of funding:			
		Your Group/Organization Funds			
		Fund Raising			
		Debentures, loans, mortgage			
		Other Funds (e.g. corporate, sponsorships, other partners) Please specify:			
		c) In-kind Contributions:			
		Donated Labour/Equipment Please specify:			
		Donated Material Please specify:			
		d) CDC Funds			
Total Project Costs:		Total of Financial Sources			

(Total Project Costs must equal Total of Financial Sources)

Amount requested from the CDC \$

Statement by Applicant

On behalf of and with the authority of the organization, I certify that the information given on this application to the CDC CED Fund is true, correct and complete in every respect. It is understood that if approved for CED funding, a CED Contribution Agreement will be prepared by the CDC and the organization will need to agree to and abide by the terms and conditions outlined in the agreement. This application will form part of the CED Contribution Agreement. I am aware that the information contained herein can be used for the

assessment of eligibility and for statistical reporting. I understand that the information in this application may be subject to disclosure. I confirm on behalf of, and with the authority of, the organization that the organization accepts sole responsibility for all costs, including capital and operating costs, related to this project. I acknowledge that I have read and understand the information contained in the CDC CED Fund Application Guide.

Name of Authorized Person <i>(print)</i>	Position/Title	Signature	Date
Organization President/Chair <i>(print)</i>		Signature	Date