

2022 City of Kingston Survivors of Conversion Therapy Grant Application

Application Due Date: **May 20, 2022, 11:59pm**

General Information

Name of organization:

Organization's address:

Organization Website:

Address Line 1:

Address Line 2:

City:

Province:

Postal Code:

Eligible Applicants must be a registered not-for-profit and/or charity. Please outline your charitable status below.

Is the organization a non-profit in the province of Ontario?: Yes No

If yes, please submit your organization's Letters Patent

Is the organization a Registered Charity with Canada Revenue Agency?: Yes No

CRA Charitable Registration Number:

Note: The contact person should be able to answer questions and provide clarification regarding the application.

Contact person's name:

Contact person's position:

Contact person's phone number:

Contact person's email:

Impact Area:

Poverty to Possibility

Strong and Healthy Communities

Helping Kids Be All They Can Be

What is the total grant amount requested (max. \$20,000)?: \$

What type of grant is being requested?

Program

One-Time Project

Program / Project name:

Note: Programs and projects cannot begin prior to an agreement being signed. Funding is intended for programs and projects that that will run between September 1, 2022 and end by December 31, 2023.

Expected start date:

Expected end date:

Please confirm that the geographic area(s) this program/project will support is for residents of Kingston

Please confirm below that you have provided the organization's Executive Director / Senior Administrator and Board members the opportunity to review this submission, and that they are aware of this application.

Yes, the Executive Director / Senior Administrator and Board members are aware of this application.

Board Chair name:

Board Chair phone number:

Board Chair email:

Executive Director / Senior Administrator name:

Executive Director / Senior Administrator phone number:

Executive Director / Senior Administrator email:

Please list your board members in the text box below, including full names, positions on the Board, number of years on the Board, and occupations/names of workplaces.

Please note the Month of Annual General Meeting:

Organization Information

What does your organization do? (ie. Mission Statement) (200 Words Maximum)

Provide short-term and long-term goals to support the organization's Mission and how they will be measured: (200 Words Maximum)

Fundraising Projects and Activities

Does the agency have diverse sources of revenue?: Yes No

Is the organization planning fundraising projects, events, or grant writing for the coming year?:

Yes No

Please download the document below and outline the organization's planned fundraising activities. Indicate the project or event, its timing and the revenue you expect to generate through this fundraising project. Please include all grant proposals.

[Fundraising Activities Spreadsheet Link](#)

Please ensure you attach the requested files above with your application submission.

Agency Consolidated Financial Information

Please click on the links below to download the Agency Budgets.

[Agency Audit Year Budget](#) (Jan to Dec 2021, or, Apr 2021 to Mar 2022)

[Agency Current Year Budget](#) (Jan to Dec 2022, or, Apr 2022 to Mar 2023)

[Agency Draft Year Budget](#) (Jan to Dec 2023, or, Apr 2023 to Mar 2024)

Please include the following with your application:

Most recent Audited Financial Statements

Most recent Annual Report or AGM Minutes

Please ensure you attach the requested files above with your application submission.

Program / Project Information

Type of Service:

- a. Mental Health Supports
- b. Addiction Supports
- c. Personal Safety Supports (safety from violence, abuse, neglect)
- d. Information and Navigation Supports
- e. Social Inclusion Supports
- f. Learning Supports (readiness, knowledge, skill, etc.)
- g. Isolation Supports (outreach, virtual programming, etc.)
- h. Other; please describe:

Primary Vulnerable Population Served:

- a. Indigenous People
- b. Racialized Communities
- c. People with physical and intellectual disabilities
- d. Women and Girls
- e. Children and Youth
- f. Seniors
- g. Members of 2SLGBTQ+ Community
- h. Newcomers to Canada
- i. People with low income or living in poverty
- j. People involved in the justice system
- k. Veterans
- l. Other; Please describe

Age Group(s) Served (Select all that apply):

- a. Children (0 – 5, 6 – 12 yrs)
- b. Youth (13 – 18, 19 – 24 yrs)
- c. Adults (25 – 64 yrs)
- d. Seniors (65+ yrs)

Program / Project Description

Please note: The purpose of the **Survivors of Conversion Therapy Program Fund** is to provide grant funds to a non-profit organization(s) in the City of Kingston, to provide a support group(s) program or project that offers services - from survivors of conversion therapy to survivors of conversion therapy. The fund will provide an annual application process for \$20,000 per year, for 3 years, starting in 2022 - 23.

Programming may focus on, but not be limited to, supporting survivors with:

- Improving self-care
- Correcting misinformation about 2SLGBTQ+ people and communities
- Repairing and rebuilding their social support and community networks
- Navigating their relationship with faith
- Recovering from the impact conversion practices had on their civic and economic participation

1. Provide a brief description of the program/project including its primary objective and how this fits with the organization's mission statement: (350 Words Maximum)

2. How many individuals in total are expected to be served by this program/project?

Please be prepared to report statistical data for your clients by Geographic Location (i.e. City of Kingston), Age (0-5, 6-12, 13-18, 19-24, 25-64, 65+), and Gender Identity (woman, man, trans woman, trans man, gender non-binary, two-spirit, not listed).

Program / Project Need

1. What local need is being addressed by this program / project? (200 Words Maximum)

2. Who will this program help? (200 Words Maximum)

3. Can an EDII lens (equity, diversity, inclusion, indigenization) be applied? Please explain: (200 Words Maximum)

4. How will individuals be helped? (please list the proposed activities)
(350 Words Maximum)

5. What difference will this service/program make in their lives? (expected benefits)
(350 Words Maximum)

6. Briefly describe any local research or background rationale that supports this need in the community. (200 Words Maximum)

7. Are there individuals waiting to be served by this program/project?: Yes No

a.) If yes, what factors prevent service to the above individuals?

b.) Do you refer these individuals to any other community program or organization? Yes No

c.) Please specify which programs/organizations you refer individuals to.

Program / Partnerships

1. Does/will this program/project work in partnership with any other organization(s)?: Yes No

2. If yes, please explain their roles in program delivery:

Program / Project Inputs & Resources

1. How many Full Time Equivalent employees (FTEs) will be used to deliver this program/project:

Yes No

2. Will the organization use volunteers in the delivery of this program/project?:

3. How many volunteers during the fiscal year?:

4. Please identify other key resources (inputs) necessary to run this program/project:

Need for Funding

1. Please explain why a Survivors of Conversion Therapy Fund grant is needed for this program/project: (350 Words Maximum)

2. How will grant funding be used for this program/project? (Be specific)
(350 Words Maximum)

3. Have other funding sources been approached for this program/project?: Yes No

a. If yes, please specify what they are and the status of the request.

4. Will the program/service be provided if awarded lesser funding?: Yes No

a. Please explain:

5. Will this program/project continue beyond the Survivors of Conversion Therapy Fund grant period?: Yes No

a. If yes, how will it be sustained? Please explain.

6. How will support of United Way of KFL&A and the City of Kingston be recognized for this program/project?

7. Does the organization lease/rent space in a City of Kingston owned facility? Yes No

Program / Project Evaluation

1. Briefly describe how this program will be evaluated, including the tools that will be used.

Program Budget

Please click the link below to download the program budget.

[Program Budget Link](#)

Attach the completed program budget to your application package.

Program/Project Outcomes

Please click the link below to download the program/project outcomes and indicators document.

[Program/Project Outcomes and Indicators Document Link](#)

Attach the completed program/project outcomes and indicators document to your application package.