

COMMUNITY ACTION GRANT Guidelines



MLSE Foundation believes all kids should have access to sport and the opportunity to both develop and pursue lasting dreams on the playing field. With the support of your Toronto Argonauts, Toronto Maple Leafs, Toronto Raptors and Toronto FC, we improve the lives of youth by building facilities, giving to sustainable programs and empowering youth through sport and recreation. We level the playing field by providing access to sport programming while intentionally developing life skills to support physical and mental well-being. Since launching in December 2009, MLSE Foundation has invested more than \$35 million into Ontario communities.

BEFORE SUBMITTING AN EXPRESSION OF INTEREST (EOI), ENSURE YOU HAVE READ AND UNDERSTAND BOTH THE GUIDELINES AND THE LEGAL FINE PRINT.

Grant Program Period: The Grant Program will commence on October 29th, 2019 at 12:00pm ET and the initial phase will conclude at 5:00pm ET on January 17th, 2020. If you advance to the second phase it will commence on February 1st, 2020 at 12:00pm ET and will conclude at 5:00pm ET on February 25th, 2020.

STEP 1: CREATING AN ORGANIZATION PROFILE

QUESTION	ADVICE
Organization Name	What is the name listed on your Charitable Registration Number.
Primary Contact First Name and Last Name	Who should we be communicating with on a day-to-day basis?
Primary Contact Email	What is the best email to reach you at? Should not be an info@organization.com email.
Primary Contact Phone Number	What is the best phone number to reach you at?
How many additional contacts would you like to add?	Are there additional contacts you can add to ensure we can reach your organization in event of a staff change? You can add up to five (5) additional contacts.
How many locations does your program operate out of?	Do you have more than one site? Is it different than your head office?
Provide full address of Organization headquarters – all mail will be sent here	Your Location 1 address should be your primary mailing address and/or your head office location. Provide the address of each of your location sites.
How many logos would you like to upload?	Please upload your primary logo, along with any other versions (single colour) you wish to have on record.
Social Media Handle: Facebook	Do you have a Facebook Page? Please put N/A if you do not utilize this platform
Social Media Handle: Twitter	Do you have a Twitter account? Please put N/A if you do not utilize this platform.
Social Media Handle: Instagram	Do you have an Instagram handle? Please put N/A if you do not utilize this platform.
List of Current Funders Donating Over \$10,000 in Value	Please list the names of any Funders.

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Charitable Registration Number	Please include your Charitable Registration Number, or the number of your Trustee with your partnership letter attached. If you do not have a Charitable Registration Number or a Trustee, please contact foundationgrants@mlse.com to learn more about how to become eligible for a Community Action Grant.
Vision of your Organization	Tell us about your values as an organization.
Mission of your Organization	What is your goal? What are you trying to achieve in your programs?
History of your Organization	How long has your organization been in existence? Any awards or accolades? Any overall metrics you can share?
Brief Description of Additional Program(s) Offered at Your Organization if Applicable	Do you run any additional programs? Tell us about them.
What type of barriers do the youth in your organization face?	Select all that apply. If there are others, please list.
Is there a fee for service?	How much? Briefly explain why you have a fee and if there are measures to remove it for children/youth who cannot afford it.
Number of paid staff supporting the organization?	Part-time or full-time staff that are paid to run the program.
Number of volunteers supporting the organization?	Do you have volunteers that contribute to the program?
Operating Budget of the Organization	What is your yearly budget to operate, ALL of your programs and services. If you have a Trustee, this should still be YOUR Organization's budget NOT the Trustee's budget.
Has your organization received past funding from MLSE Foundation?	Yes - List the year(s) and amount(s) received.
I consent to having all future opportunities that become available for our organization be sent to our contacts listed (Ex. workshops, events, other grants etc.)	We want to send you updates on opportunities that might interest you and your staff. Please agree to receiving those updates.

STEP 2: COMPLETING YOUR EXPRESSION OF INTEREST

Name of Organization	Name of the Organization that your program runs within
Program Name	Name of the Program that you are applying for funding for
Charitable Registration Number	Please include your Charitable Registration Number, or the number of your Trustee with your partnership letter attached. If you do not have a Charitable Registration Number, please contact foundationgrants@mlse.com to learn more about how to become eligible for a Community Action Grant.

<p><i>I confirm that I have permission to submit the application under named Trustee</i></p>	<p>Let us know that you and your Trustee have had a conversation about your partnership, and they agree to support you through this grant.</p>
<p><i>Choose 1 of the following Impact Areas highlighted in the Expression of Interest</i></p>	<p>What category does your Proposal focus on?</p> <p>Healthy Body</p> <ul style="list-style-type: none"> • We know that children and youth need to understand the basics of movement and activity to be happy and healthy. We focus on increasing physical literacy and levels of physical activity while ensuring youth have a high-quality sport experience within their own communities. • For example: A program that utilizes rugby to engage youth, while also having weekly workshops on physical health (nutrition, healthy choices etc.) would be a fitting example of this Impact Area. • Outcome Measures: Increased physical literacy and physical activity levels. Increased positive healthy behaviors such as: eating, sleeping. Increased sense of belonging. <p>Healthy Mind</p> <ul style="list-style-type: none"> • Physical activity has a positive effect on young people’s brains, improving mental health and making it easier to think and learn. In addition to getting kids moving, we focus on programming that provides safe physical and psychological spaces and opportunities to belong and foster peer and role model relationships. • For Example: A program that utilizes yoga programming to engage youth struggling with mental health issues, or engaging youth in conversations around mental health, coping strategies and resources would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased sense of belonging. Increased social capital. <p>Ready For School</p> <ul style="list-style-type: none"> • When children and youth have the support and skills they need to stay engaged academically, they have more opportunities for future success. We focus on providing opportunities to integrate sport and academics. • For Example: A program that utilizes soccer to engage youth in S.T.E.M. curriculum would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased academic engagement (subject matter knowledge, attendance, attitude towards school). Increased sense of belonging. Increased social capital. <p>Ready For Work</p>

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	<ul style="list-style-type: none"> • Sport and physical activity are powerful tools to teach the skills required to gain meaningful employment. We focus on providing opportunities for job-readiness through training that combines classroom and sport learning, to help youth gain both the hard and soft skills necessary for employment. • For Example: A program that utilizes basketball to teach leadership skills, that also provides workshops on resume building and career exploration would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased leadership skills. Increased job readiness. <p>There may be some overlap between categories, or your Proposal might address more than one area. Choose the category that best aligns with your program outcomes. If you are unsure, you can ask for guidance from MLSE Foundation Grant Staff at foundationgrants@mlse.com.</p>
<p>Description of the program requesting funding – Outline the sport/recreation & life skill components</p>	<p>Tell us about your program and how it works. What is unique about it? What are the outcomes of the program? Have you seen results in your program?</p>
<p>Tell us how your program described above aligns with the Impact Area chosen to highlight in your Expression of Interest</p>	<p>How does your program address your chosen Impact Area? Give us specific examples and provide metrics, if applicable.</p>
<p>Total budget of the program in numerical value</p>	<p>How much does it cost to run this program annually? For example: If your program runs 3 sessions a year, what is the total cost for all 3 sessions? It can be more than the grant amount you are applying for. It can also be less, if the funds you are requesting are to scale your program to additional participants and you can demonstrate you have secured funding for your original locations/sessions.</p>
<p>Grant amount you are applying for:</p>	<ul style="list-style-type: none"> • \$20,000 • \$30,000 • \$40,000 • \$50,000 <p>Apply for what you need. There is no preference given to the amount requested. You need to be able to use awarded funds within three (3) years.</p>
<p>What type of barriers do the youth in your program face (select all that apply):</p>	<p>Select all that apply. If there are others, please list.</p>
<p>How many unique individuals (youth) will your program serve?</p>	<p>If you have the same youth attend program 3 times a week they only count as one unique individual. Tell us how many unique individual children or youth, attend your program per timeline provided.</p>
<p>Impact this program will make in your community</p>	<p>How does your program impact your local community? What need areas do you address? Have you seen results? Provide metrics, where possible.</p>

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<i>Optional Photo Upload</i>	Upload a photo that demonstrates the impact of your program.
<i>I have read and accept the Grant Guidelines</i>	Confirm you have read these Guidelines.
<i>I have read and accept the Legal Fine Print</i>	Confirm you have read the Legal Fine Print.
<i>I have provided accurate information in this application.</i>	The information you provide in this application is truthful, to the best of your knowledge.
<i>I understand that my application will not be accepted if it is submitted after the due date.</i>	The due date for the Expression of Interest submission is 5:00pm ET on January 17th, 2020. No Expressions of Interest will be accepted after the deadline.
<i>By typing your name below, this will act as your electronic signature:</i>	The person agreeing to this application should have signing authority and the ability to bind the Organization. It does not necessarily have to be the main contact on your Organization's profile.

STEP 3: SHORT-LIST EVALUATION

MLSE Foundation's Grant Staff review applications to ensure they fit with our eligibility guidelines and align with the selected Impact Area. Approved Expressions of Interest are then reviewed by a volunteer Selection Circle member assigned to the proposal, who each score the proposal independently, according to set criteria for each Impact Area.

Projects are ranked based on the average score. Top Project Proposals are shortlisted, and invited to submit a Full Application.

IF YOUR EXPRESSION OF INTEREST IS SHORTLISTED, YOU WILL BE CONTACTED BY A MEMBER OF OUR TEAM TO COMPLETE A FULL APPLICATION.

STEP 4: COMPLETING YOUR FULL APPLICATION

<i>Grant amount you are applying for:</i>	<ul style="list-style-type: none"> • \$20,000 • \$30,000 • \$40,000 • \$50,000 <p>Apply for what you need. There is no preference given to the amount requested. You need to be able to use awarded funds within three (3) years.</p>
<i>Program Name</i>	Name of the Program that you are applying for funding for
<i>Program Location: In which specific community will the program run? Provide full address</i>	In what facility and/or space will this program run? If there is more than one, please indicate. Provide full address (Street #, Street Name, City, Province, Postal Code) for every location highlighted.
<i>Choose 1 of the following Impact Areas highlighted in the Expression of Interest</i>	<p>Healthy Body</p> <ul style="list-style-type: none"> • We know that children and youth need to understand the basics of movement and activity to be happy and healthy. We focus on increasing physical literacy and levels of physical activity while ensuring

	<p>youth have a high-quality sport experience within their own communities.</p> <ul style="list-style-type: none"> • For example: A program that utilizes rugby to engage youth, while also having weekly workshops on physical health (nutrition, healthy choices etc.) would be a fitting example of this Impact Area. • Outcome Measures: Increased physical literacy and physical activity levels. Increased positive healthy behaviors such as: eating, sleeping. Increased sense of belonging. <p>Healthy Mind</p> <ul style="list-style-type: none"> • Physical activity has a positive effect on young people’s brains, improving mental health and making it easier to think and learn. In addition to getting kids moving, we focus on programming that provides safe physical and psychological spaces and opportunities to belong and foster peer and role model relationships. • For Example: A program that utilizes yoga programming to engage youth struggling with mental health issues, or engaging youth in conversations around mental health, coping strategies and resources would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased sense of belonging. Increased social capital. <p>Ready For School</p> <ul style="list-style-type: none"> • When children and youth have the support and skills they need to stay engaged academically, they have more opportunities for future success. We focus on providing opportunities to integrate sport and academics. • For Example: A program that utilizes soccer to engage youth in S.T.E.M. curriculum would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased academic engagement (subject matter knowledge, attendance, attitude towards school). Increased sense of belonging. Increased social capital. <p>Ready For Work</p> <ul style="list-style-type: none"> • Sport and physical activity are powerful tools to teach the skills required to gain meaningful employment. We focus on providing opportunities for job-readiness through training that combines classroom and sport learning, to help youth gain both the hard and soft skills necessary for employment. • For Example: A program that utilizes basketball to teach leadership skills, that also provides workshops on resume building and career exploration would be fitting for this Impact Area. • Outcome Measures: Increased physical activity levels. Increased leadership skills. Increased job readiness.
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<i>Program Sport or Recreation Focus:</i>	Please let us know which sport or recreation your program is focused on. If it is more than one, please indicate 'multi-sport' with examples.
<i>Description of the program requesting funding – Outline the sport/recreation & life skill components</i>	Tell us about your program and how it works. What is unique about it? What are the outcomes of the program? Have you seen results?
<i>Tell us how your program described above aligns with the Impact Area chosen to highlight in your Expression of Interest</i>	How does your program address your chosen Impact Area? Give us specific examples and provide metrics, if applicable.
<i>Is this a pilot program?</i>	Is this the first time this program will ever be run? If yes, tell us why this program is important to start in your community. If no, let us know if the grant will assist with expanding the current program.
<i>What fee(s) will the participant pay for your program? If there is a fee please indicate the dollar amount.</i>	Will those that want to join your program need to pay a fee in order to participate? If so, please indicate below which items they will need to pay for on their own and the dollar amount for each. Please check all that apply. If not, please select 'None'.
<i>What is the total cost to the participant for one cycle of the program?</i>	What is the total cost per participant.
<i>What type of costs are covered for the participant by your program?</i>	Please indicate what your program pays for when a participant joins your program. Please check all that apply.
<i>How many staff and/or volunteers do you have to execute the program?</i>	Tell us who runs the program. How many Full-Time and Part-Time Staff you have. Do you utilize volunteers?
<i>What social handles are used for this program?</i>	Some programs have specific social handles, different from their main organization handles. If so, please indicate them. If not, please input your organizations social handles or N/A if you do not have any.
<i>What age are the youth that participate in your program?</i>	Please breakdown the percentage of youth that your program supports within the following age groups.
<i>What type of barriers do the youth in your program face (select all that apply):</i>	Select all that apply. If there are others, please list. Please explain how your program serves youth facing your selected barriers.
<i>How many unique individuals (youth) will your program serve?</i>	If you have the same youth attend programming 3 times a week, they only count as one (1) unique individual. Tell us how many unique individual children or youth, attend your program, per year etc.
<i>What is the length of one program cycle?</i>	Indicate, in weeks, how long your program cycle is. For example, if you run three (3), eight (8) week sessions, one program cycle would be eight (8) weeks.
<i>How many hours are offered in one program cycle?</i>	Indicate the number of hours for each program cycle. For example, if your program cycle is eight (8) weeks, with the program running twice a week for two (2) hours each day, your total hours per program cycle would be 32 hours (8 weeks = 16 unique sessions X 2 hours each= 36 hours)

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<i>How many program cycles run in one year?</i>	Based on the cycle length provided above, indicate how many cycles you run in a year. For example, if you run three (3), eight (8) week sessions, your total program cycles per year would be three (3).
<i>How do you measure if your program is successful?</i>	Using the intended impact outcomes tell us how you will know you are successful in each area? Do you use surveys? Focus groups? Attendance trackers? Interviews? Please check all that apply.
<i>Please explain in detail the data that will be collected to measure your outcomes</i>	Above you selected ways that you will measure your intended impact. Please explain in detail how you will collect this data and what that would look like. Can you demonstrate quantitative impact change from your surveys? Outputs from attendance trackers.
<i>Does the proposed program engage other residents in the community (parent, guardians etc.)?</i>	Please indicate whether your program includes any involvement from other individuals in the community aside from the participants and explain if you do. Do you use parent volunteers? Bring in external facilitators? Get a local caterer to provide the program snack.
<i>Total budget of the program in numerical value</i>	How much does it cost to run this program annually? For example: If your program runs 3 sessions a year, what is the total cost for all 3 sessions? It can be more than the grant amount you are applying for. It can also be less, if the funds you are requesting are to scale your program to additional participants and you can demonstrate you have secured funding for your original locations/sessions.
<i>Please upload a copy of your program budget.</i>	Indicate the total amount needed.
<i>Please upload a detailed budget of how these grant funds will be used</i>	Tell us how you will spend the grant funds. Salary staff, part-time staff, volunteer honorariums, admin supplies, equipment, snack, jerseys, etc. Feel free to be as detailed as you are able. Provide a cost for each line item. The total should match the grant amount you apply for. If it does not match you are asked to further explain in a later question.
<i>If the grant amount requested is less than your total program budget, how do you intend to make up the difference?</i>	Please explain in detail the plan for securing the additional program dollars needed above the amount requested from MLSE Foundation.
<i>For program costs above the amount granted by MLSE Foundation, has funding already been secured?</i>	In previous questions you were asked the overall program cost. If this cost exceeds the amount you are applying for from this grant, indicate if you have secured the additional funds necessary to run the program? If yes, please explain from where. If no, explain how you intend to secure these funds. If the amount required to run the program is the same as the grant dollars requested, put 'N/A'.
<i>What date month/year will your program complete utilizing the full amount of the grant?</i>	When will the total amount of the grant be spent? Reminder that funds MUST be used within 3 years of receiving the grant (July 1st, 2023).

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<p><i>Do your proposed financials include operational/core funding?</i></p>	<p>In your financials outlined above, does this also include the amount needed for things like space, full staffing costs, etc.? There is no penalty for including operational costs, we just like to understand how the funds are being spent.</p>
<p><i>How does your organization ensure sustainability of its programs?</i></p>	<p>How do you intend to sustain this program past the funding this grant will provide, what plan is in place?</p>
<p><i>Alcohol and Gaming Commission of Ontario (AGCO) ELIGIBILITY</i></p>	<p>Since MLSE Foundation raises funds from the sale of 50/50 tickets in arena, a lottery game, organizations receiving funding need to be approved by the AGCO. The forms uploaded below will be provided to the AGCO for administrative approval. Please upload all the files that apply to your organization in PDF format.</p> <p><u>ONLY COMPLETE THE BELOW QUALIFICATION IF YOU HAVE A CHARITABLE REGISTRATION NUMBER (CRN). TRUSTEED ORGANIZATIONS DO NOT NEED TO FILL THIS OUT.</u></p> <ul style="list-style-type: none"> • A copy of your organization's Letter Patent • A copy of your organization's Constitution and By-laws • A copy of your full organizational budget for the current year • A copy of your financial statements or audited financials for the past year • A list of your organization's Board of Directors • A copy of your organization's latest report to the Public Guardian and Trustee • A copy of your organization's Notification of Charitable Registration letter from the Canada Revenue Agency with any supporting documentation, indicating the organization's status and terms of registration • A copy of your organization's charitable returns to the Canada Revenue Agency for the previous calendar year. • A copy of your most recent Annual Report, if applicable.
<p><i>I have read and accept the Grant Guidelines</i></p>	<p>Confirm you have read these Guidelines.</p>
<p><i>I have read and accept the Legal Fine Print</i></p>	<p>Confirm you have read the Legal Fine Print.</p>
<p><i>I have provided accurate information in this application.</i></p>	<p>The information you provided in this application is truthful, to the best of your knowledge.</p>
<p><i>I understand that my application will not be accepted if it is submitted after the due date.</i></p>	<p>The due date for the Application submission is 5:00pm ET on March 13, 2020. No Applications will be accepted after the deadline.</p>
<p><i>By typing your name below, this will act as your electronic signature:</i></p>	<p>The person agreeing to this application should have signing authority and the ability to bind the organization. It does not necessarily have to be the main contact on your Organization's profile.</p>

STEP 5: FINALIST EVALUATION

At the Selection Circle meeting, Finalist Applications are discussed and evaluated against set criteria for each Impact Area. Your Organization may be invited to participate in a phone meeting to clarify any outstanding questions from your application, if required.

As a group, the Selection Circle will evaluate, rank, and recommend a list of Finalists to be approved by the MLSE Foundation Board of Directors.

Approved Finalists will be contacted by a MLSE Foundation representative by June 30th, 2020.

Unsuccessful Finalists will be contacted by a MLSE Foundation representative and offered feedback on their Applications by July 15th, 2020.