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# Community Initiatives Program (CIP) Operating Grant

CIP Operating **Single Nonprofit Organizations**  
Sample Application

For more information about this document, contact:

ARTS, CULTURE AND STATUS OF WOMEN  
COMMUNITY GRANTS

1-800-642-3855

Email: [CommunityGrants@gov.ab.ca](mailto:CommunityGrants@gov.ab.ca)

CIP Operating Single Nonprofit Organization Sample Application | Ministry of Arts, Culture and Status of Women

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## Contents

Purpose.....	4
Important Information.....	4
Sample Application.....	5

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## Purpose

This document is to support the submission of an application in [GATE Front Office](#). The highlighted areas are sections that need to be completed before submitting. Each highlighted section requires organization or funding information specific to the applicant applying.

Sections in this document that start with **\*\*NOTE\*\*** are additional information to help with what is needed in the section.

## Important Information

Applications will be accepted up to midnight on the various deadline dates. For deadlines that fall on a weekend or statutory holiday, applications will be accepted until the end of the next business day.

Before applying, read the [Program Guidelines](#) carefully.

Contact [CommunityGrants@gov.ab.ca](mailto:CommunityGrants@gov.ab.ca) or 1-800-642-3855 with any program or application questions.

Additional resources and information: <https://www.alberta.ca/cip-operating-grant.aspx>

# Program Overview

## Program Overview

Community Initiatives Program (CIP) aims to foster healthy, vibrant communities across Alberta. The program has been designed to support the efforts of organizations that contribute to their communities and to create opportunities for Albertans to engage with their communities. As a unique CIP stream, CIP Operating funding provides grant support to eligible nonprofit organizations in Alberta to enhance the organization's ability to operate and deliver direct services to the vulnerable and disadvantaged in Alberta.

Please click here for program guidelines and information.

## Freedom of Information and Protection of Privacy Act

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:

The personal information that is provided on the grant application form will be used for the purpose of administering the Community Initiatives Program (CIP) and advising the applicant of grant program updates and relevant Ministry initiatives. It is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act ("FOIP Act") and is protected by the privacy provisions of the FOIP Act.

The FOIP Act applies to any information that is provided to the Ministry. This information may be disclosed in response to an access request under the FOIP Act, subject to any applicable exceptions to disclosure under the FOIP Act.

**I have read and understood the above information**

X

## Organization Information

**\*\*NOTE\*\*** This section should automatically populate from your Applicant Profile.

### Organization Overview

**Indicate the type of agency you are applying on behalf of:** Single Nonprofit Organization

### Organization Address

Updates to this information will not be reflected in the Applicant Profile. Update Applicant Profile if required.

**Address Line 1:** 1 Main Street

**Address Line 2:** **\*\*NOTE\*\*** These two fields are optional.  
**Address Line 3:** Complete if applicable for your organization

**City:** Any Town

**Province:** Alberta

**Postal Code:** T0T 0T0

**Country:** Canada

### Mailing / Delivery Address

Please ensure that the mailing address is correct for this application.

**Address Line 1:** PO Box 1 Station Main

**Address Line 2:** **\*\*NOTE\*\*** These two fields are optional.  
**Address Line 3:** Complete if applicable for your organization

**City:** Any Town

**Province:** Alberta

**Postal Code:** T0T 0T0

**Country:** Canada

### Legal Signing Authority

Please update the Applicant Profile Contact List to see all contacts.

**Organization Position Title:**

**Signing Authority Name:**

**Phone Number:**

**Phone Extension**

**Email address:**

I agree to allow the Government of Alberta, on occasion, to contact my organization as identified on this application form to provide information about ministry initiatives or announcements related to the following topics:

- Grant program changes, funding announcements, and opportunities to provide input/opinion on programs; and
- Awareness of ministry resources available to the non-profit sector, including ministry sector events.

**Please indicate if you agree or do not agree with the above statement:**

### Contact Information

Please update the Applicant Profile Contact List to see all contacts.

**Organization Position Title:**

**Contact Person Name:**

**Phone Number:**

**Phone Extension**

**Email address:**

I agree to allow the Government of Alberta, on occasion, to contact my organization as identified on this application form to provide information about ministry initiatives or announcements related to the following topics:

- Grant program changes, funding announcements, and opportunities to provide input/opinion on programs; and
- Awareness of ministry resources available to the non-profit sector, including ministry sector events.

**Please indicate if you agree or do not agree with the above statement:**

# Eligibility

## Eligibility

CIP Operating funds single non-profit organizations and established Community Collaboratives whose primary mission and purpose is to address social issues ( refer to Section 3 of the CIP Operating Guidelines ).

\*NOTE: In this application, the term organization is used to refer to a single nonprofit organization, Community Collaborative, and First Nations or Metis Settlement.

1. Based on the definitions of social issues, vulnerable, disadvantaged, and at-risk individuals in the Guidelines, is the **primary mission and purpose** of your organization to address social issues by delivering direct services to these individuals in Alberta?

**\*\*NOTE\*\*** For the highlighted information at left relating to the primary mission and purpose of your organization, choose 'YES' or 'NO' from the drop-down box.

### 2. Primary Mission/Purpose of your organization:

3. Based on the definition of social issues in the CIP Operating Guidelines, please select which of the 10 social issues your organization addresses.

Select at least ONE but no more than THREE:

\*NOTE: Due to the oversubscription of CIP Operating, the following issues will be given priority:

- Food Security
- Shelter, poverty, or homelessness
- Safety from violence, trauma, and harm

**Social Issue 1:** **\*\*NOTE\*\*** choose from the drop-down list

**Social Issue 2:** **\*\*NOTE\*\*** These two fields are optional. Complete only if applicable for your organization.

**Social Issue 3:** **\*\*NOTE\*\*** Complete only if applicable for your organization.

**\*\*NOTE\*\*** The drop-down list of social issues includes: addictions; critical adult and children's programming addressing basic life skills; food security; individuals experiencing barriers or stigma due to race, gender, sexual orientation, ethnicity, or age; individuals in personal crisis; isolated seniors; mental health; physical or cognitive disability; safety from violence, trauma, and harm; and shelter, poverty, or homelessness.



4. The following are outcomes of the CIP Operating program. Please select which of the eight outcomes best aligns to the work of your organization. Should you be approved for funding, you will be asked to report on these in your final reporting.

Select at least ONE but no more than TWO:

**Outcome 1:** **\*\*NOTE\*\*** choose from the drop-down list

**Outcome 2:** **\*\*NOTE\*\*** This field is optional.  
Complete only if applicable for your organization.

**\*\*NOTE\*\***List of outcomes includes both immediate and intermediate outcomes. Ideally, outcomes chosen by applicants should include one immediate and one intermediate outcome.

### Immediate Outcomes:

- Vulnerable, disadvantaged, and at-risk Albertans have access to programs and services that they require for their immediate needs.
- Non-profit Organizations and Community Collaboratives invest in their infrastructure capacity to maintain/enhance programs and services that address social needs.
- Staff and volunteers are able to access training they need to effectively operate and govern their organization.
- Employment and volunteer opportunities are available in the social serving non-profit sector.
- Organizations explore partnerships and collaboration with other organizations to develop integrated networks and wrap-around services.

### Intermediate Outcomes:

- Through direct programs and services, and capacity building training and supports that address social issues vulnerable, disadvantaged, and at-risk Albertans experience improvements in their quality of life.
- Non-profit Organizations and Community Collaboratives are stable and have sustained capacity to improve programs and services that address social issues.
- Non-profit Organizations and Community Collaboratives are able to strengthen the mental health, well-being, and skills of the non-profit sector workforce (staff and volunteers).

Additional resources will be available for those organizations that receive funding to assist with reporting on the impacts of the outcomes chosen in the application.

## Single Nonprofit Organization

1. How many programs and services does your organization regularly provide?
2. How many unique individuals do you serve each year?

### 3. What impact/result are your current programs and/or services providing to the people you serve?

Examples: regularly able to provide meals to self/family, reduce homelessness, reduce family violence/trauma, basic needs are met, increased community security, etc.

4. Programs, services, and initiatives: Click on the plus + sign in the table below to enter information describing your organization's primary programs, services, and/or initiatives.

Program, service, or initiative name	Description	Number of Participants	Frequency	Other Frequency	Location and address	Program Status	List any partners
-	-				-		-

**\*\*NOTE\*\*** For each distinct program add a new line using the '+' button on the table. Make sure to provide all the requested program information. Descriptions should be a high level overview that communicates key information on the program.

# Connecting and Engaging with your Community

## Connecting and Engaging With Your Community

Effective organizations connect and engage with their communities in order to understand what programs and services are available and needed, and any gaps in programs and services that may exist. Grant dollars will be prioritized to complement existing programs and services and avoid unnecessary duplication.

**1. What strategies do you use to connect and engage with your community in order to understand other available supports and services, and understand the needs and gaps?**

Examples may include: Interagency meetings, Board-to-board discussions, Community surveys, Informal conversation with staff and/or volunteers of partner organizations, Research

**2. With which organizations, individuals, committees, agencies, etc. does your organization regularly connect?**

**3. What are the unique needs or gaps in programs and services in the community that your organization currently addresses?**

**4. If other organizations are providing similar programs and services, how do you avoid unnecessary duplication or overlap?**

NOTE: You may attach Letters of Support that speak to your organization's ability to address these needs, or testimonials from individuals your organization serves using the [File Attachments Page](#)

# Revenues

## Matching Worksheet

The following worksheet will help you determine your maximum eligible CIP Operating core funding request. Please note that the maximum core funding request is \$60,000. The worksheet is based on community support of your organization, including volunteer hours. Do not include government support of your organization, which is not eligible for matching funding as per section 5.2 of the CIP Operating Guidelines.

Once you have completed the worksheet below, scroll to the bottom of this page and click the Save button. This will automatically calculate your organization's Maximum Core Funding Request.

### Tips

- Matching eligibility is based on the previous completed fiscal year or the interim financial statement period, whichever benefits the applicant most.
  - Clarification of Donated or Non-Cash Services for amounts over \$1,000 should be explained in an additional document uploaded to the File Attachments page found later in this application.
  - By entering Volunteer Hours in the worksheet, the Total Value of Volunteer Hours will automatically be calculated at a flat rate of \$20 per hour.
  - Only actual results up to the application deadline can be used for this application, and that are verifiable by financial statement and/or explanation.
  - Do not include anticipated or projected revenue, support, and volunteer hours.

### 1. Indicate financial period:

**\*\*NOTE\*\*** Choose from the dropdown list either:  
 • Most Recent Completed Fiscal Year Financial Statement  
 OR  
 • Interim Financial Statement

### 2. What is the date range of the financial period used in the Matching Worksheet?

**From:**

**To:**

&nbsp;

A. Eligible CASH Fundraising Revenue This information can be found in the Revenues section of your Statement of Operations (also known as Statement of Revenues and Expenses or a Statement of Profit & Loss) <small>*Do not include government-based, program, membership, fee for service, or interest revenue</small>	
Community/Family/Private Foundation grants	\$0
United Way grants	\$0
Casino/bingo revenue	\$0
Corporate Donations	\$0
Private Donations	\$0
Fundraising events	\$0
Facility rental	\$0
Other Revenue (list)	-----

**\*\*NOTE\*\*** In the worksheet at left, numeric fields highlighted in yellow MUST be populated. Zero (0) should be entered into the fields if no values are available.  
 A similar note to above will also be present in the online application when entering it in Front Office.

<b>A. Eligible CASH Fundraising Revenue</b> This information can be found in the Revenues section of your Statement of Operations (also known as Statement of Revenues and Expenses or a Statement of Profit & Loss) *Do not include government-based, program, membership, fee for service, or interest revenue	
<b>Total Eligible Cash Fundraising Revenue</b>	\$0

<b>B. Donated or Non-Cash Services</b> *Do not include government-based in-kind goods and services.	
Capital donation (i.e. furniture, computer, lease)	\$0
Accounting/administrative services	\$0
Photocopying	\$0
Rent	\$0
Other (list)	-----
<b>Total Value Donated Goods &amp; Services</b>	\$0

<b>C. Volunteer Hours</b>		<b>Flat rate of \$20/hr</b>
Board meetings	0	\$0
Committee/event/planning meetings	0	\$0
Fundraising: casino/bingo/events	0	\$0
Administrative work	0	\$0
Facility maintenance	0	\$0
Program delivery	0	\$0
Other (list)	-----	-----
		\$0
		\$0
		\$0
		\$0
		\$0
<b>Total Value of Volunteer Hours</b>	0	\$0

<b>Total Matching (Sum of A + B + C)</b>	\$0
<b>Maximum Core Funding Request (up to \$60,000)</b>	\$0

To calculate your organization's Maximum Core Funding Request, scroll to the bottom of this page and click the Save button. The amount will be automatically calculated.

## Core Funding

**1. Based on the Maximum Core Funding Request from the above worksheet, how much Core Funding is your organization requesting?**

**2. Choose expenses from the list below that CIP Operating funds will cover: (checkboxes)**

**\*\*NOTE\*\*** Check the box(es) related to the expense(s) that are applicable for your application funding request. Eligible CIP Operating expenses include: administrative costs, auditing, data collection, evaluation, insurance, minor equipment purchases (must be less than \$5,000), office supplies, program supplies, reporting, rent, staff training, staff wages and salaries, travel, utilities, volunteer training, advertising, marketing, communication expenses

**3. \*CIP Operating Guidelines state priority will be given to small and medium organizations with annual operating costs under \$2 Million. (Guidelines Section 4.6). Does your organization have an annual operating budget over \$2 Million dollars?** Yes

**\*\*Note\*\*** This sample application shows an applicant with an annual operating budget over \$2 Million. If your organization has an annual operating budget under \$2 Million, please select "No" in the drop-down menu. If you select "No" the question below will not appear.

**How would CIP Operating core funding make a significant difference to the delivery of the programs and services for your organization? And what would be the consequences of not receiving funding?**

**4. Are you applying for Organizational Development funding?** Yes

**\*\*Note\*\*** This sample application shows an applicant applying for Organizational Development funding. If you do not wish to apply for Organizational Development funding, please select "No" in the drop-down menu. If you select "No" the following two pages in this sample application will not appear.

# Organizational Development Funding

## Organizational Development Funding

Organizational Development Funding – a maximum of \$15,000 in non-matching funding is intended to support organizations to build their internal capacity, and strengthen their ability to deliver programs and services.

### Capacity Assessment Tool Summary

To be eligible for Organizational Development Funding, groups must assess their current strengths and weaknesses in four capacity areas, using the Organizational Capacity Assessment Tool (for Single Nonprofit Organizations) or the Collaborative Capacity Assessment Tool (for Community Collaboratives).

For your use, links to the Capacity Assessment Tools are located near the top of the left-hand side menu bar. Click on the relevant assessment tool in the menu to download.

### Organizational Capacity Assessment Tool Capacity Areas and Elements

<p><b>Strategic Leadership Capacity:</b></p> <ul style="list-style-type: none"> <li>• Mission and Vision</li> <li>• Overarching goals and performance targets</li> <li>• Board governance, composition, and engagement</li> <li>• Ability to build a community presence and create partnerships</li> <li>• Ability to motivate and mobilize stakeholders to address community priorities</li> </ul>	<p><b>Adaptive Capacity:</b></p> <ul style="list-style-type: none"> <li>• Assessment of and response to the external environment, including community needs</li> <li>• Strategic planning approach and implementation</li> <li>• Use of research and data to support operations, program planning, and advocacy</li> <li>• Evaluation and organizational learning</li> <li>• Resilience during leadership turnover (e.g. Executive Director or Board Chair)</li> </ul>	<p><b>Management Capacity:</b></p> <ul style="list-style-type: none"> <li>• Organizational policies, processes, and structures</li> <li>• Fund development and planning</li> <li>• Financial budgeting and reporting</li> <li>• Human Resource management and relationships</li> <li>• Volunteer management</li> </ul>	<p><b>Operational Capacity:</b></p> <ul style="list-style-type: none"> <li>• Communications and outreach</li> <li>• Technological infrastructure and resources</li> <li>• Online presence (e.g. website and social media)</li> <li>• Performance management, analysis, and adjustments</li> <li>• Development and continuous improvement of relevant programs and services</li> </ul>
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Please complete the Organizational Capacity Assessment Tool (for Single Nonprofit Organizations) or the Collaborative Capacity Assessment Tool (for Community Collaboratives) to determine the score in each of the four capacity areas. Based on your scores, choose one or more Capacity Area you intend to strengthen.

**If you receive Organizational Development Funding, you will be required to report on how the funding has strengthened the organization’s skills, capacity, and ability to deliver its mission, and increase its long-term sustainability.**

Once you have finished entering information regarding your chosen Capacity Area(s) below, scroll to the bottom of this page and click the Save button. This will automatically calculate your Organizational Development Funding Request (to a maximum of \$15,000).

**\*\*NOTE\*\*** In Capacity Area 1, select a/the capacity you wish to strengthen from the drop-down menu.

**\*\*NOTE\*\*** For Example:

**Capacity Area 1:** Management Capacity

**Capacity Score:**

Enter the Capacity Element(s) and associated Organizational Development activity (activities) that you propose to use Organizational Development Funding towards to strengthen the Capacity Area.

See Section 3.3.3 of the Guidelines for examples of eligible activities.

Which individuals (e.g. board and/or staff) will be involved in this activity (activities)?

**Cost for Capacity Area:**

How was the cost(s) determined?

Please provide quotes or source of estimates. Upload quote and estimate documentation to the File Attachments page, found later in this application.

Capacity Area 2:

Capacity Area 3:

Capacity Area 4:

**\*\*NOTE\*\***If you wish to strengthen more than one capacity area, select the capacity or capacities you wish to strengthen from the drop-down menu(s). You may choose to strengthen 1, 2, 3, or all 4 capacity areas.

Organizational Development Funding Request:

To calculate your organization's Organizational Development Funding Request, click the Save button below. The amount will be automatically calculated.



# Financial Information

## Financial Statements

Include the most recent full fiscal year financial statements for your organization, signed by two signing authorities of the organization.

If your fiscal year ends more than three months prior to the application intake deadline date, you must also submit current interim financial statements consisting of a Statement of Financial Position (also known as a Balance Sheet) and a Statement of Operations (also known as an Income Statement or Statement of Revenues and Expenses). The interim financial statements may be produced in-house by the Treasurer or a staff member. The statements must be signed by two signing authorities of the organization.

If you are applying as a Community Collaborative, the organization applying as the fiscal agent should refer to its financial statements, as described above.

Financial documents will need to be uploaded using the [File Attachments Page](#)

**1. What is the end date of your fiscal year?  
(Month)**

**What is the end date of your fiscal year? (Day)**

**2. If the organization has more than 12 months of operating reserves or has unrestricted cash assets that are not allocated to its operating budget, explain what the funds are being allocated towards.**

## General Financial

If your application is successful:

**3. Over what length of time will the funds be spent?**

**4. Frequency of application: CIP Operating funding is not intended to be an annual ongoing funding. Organizations are eligible for funding once every three years. Eligibility is based on the date of the last CIP Operating funding approval.**

**Explain how your organization will sustain operations during this off period.**

## Electronic Funds Transfer (EFT) Information

With each grant application, organizations must provide a copy of a void cheque or pre-printed bank direct deposit form and a completed Application for EFT (CAD) Direct Deposit form.

A link to the form is located near the top of the left-hand side menu bar. Click on Application for EFT Direct Deposit in the menu to download the form.

Upload the completed form and void cheque or pre-printed bank direct deposit form to the File Attachments page, found later in this application.

# Grant Agreement

## COMMUNITY INITIATIVES PROGRAM (CIP) OPERATING GRANT AGREEMENT

For your use, a link to the Community Initiatives Program (CIP) Operating Funding Stream Grant Agreement is located at the top of the left-hand side menu bar. Click on CIP OP Grant Agreement in the menu to download the Grant Agreement.

Please ensure the following are completed by the Board Chairperson, President, or Treasurer of the organization:

- 1) Enter the Incorporated (Legal) Name of Organization where indicated, near the top of the first page.
- 2) Carefully read the Grant Agreement.
- 3) Acknowledge agreement with and/or completion of all statements at the top of the second page by checking the associated boxes. This must be completed for the application to proceed in the review process.
- 4) Complete and sign the authorization section at the bottom of the second page.
- 5) Upload the completed Grant Agreement to File Attachments on the following page.

**\*\*NOTE\*\* For CIP Operating Grant Agreements, only the Board Chair, President, or Treasurer are accepted signing authorities. Please ensure that an individual in the organization who holds the position of either Board Chair, President, or Treasurer signs the agreement.**

## File Attachments

Please ensure that ALL required attachments (numbers 01 through 05) are uploaded.  
 To upload a document, click on the title of the document (e.g. 01 Signed Grant Agreement) in the Document Type column.

Document Type	Required?	Document Description	Date Attached
01 Signed Grant Agreement	Yes		
02 Executive List (with contact information)	Yes		
03 Most Recent Full Fiscal Year Financial Statements	Yes		
04 Void Cheque or Pre-Printed Bank Direct Deposit Form	Yes		
05 Application for EFT (CAD) Direct Deposit Form	Yes		
06 Interim Financial Statements	No		
07 Letters of Support	No		
08 If applying for Organizational Development Funding: quotes/source of estimates for activity costs	No		
09 Attachment	No		
10 Attachment	No		

**\*\*NOTE\*\*** Only the highlighted attachment sections are required (01-05). The remaining attachments (06-10) are either optional or may not be required for your specific funding request or circumstances.