# STING ASSISTS

## "Building Youth in Our Community"

## Application for Funding

**Deadline for Application: MARCH 31, 2027**

**Section A) ORGANIZATION INFORMATION**

**Name of organization: _____**

**FULL Address of organization: _____**

**Contact Person: _____**

**Contact Person FULL address: _____**

**Contact Person phone number: _____**

**Contact Person e-mail: _____**

**Date of Application Submission: _____**

**Section B) ORGANIZATION PARTICULARS**

**Is the organization Incorporated, Yes or No: _____**

**If yes, please state the Corporation/Business Registration (issued by CRA) #:**

**_____**

**Is the organization a Registered Charity, Yes or No: _____**

**If yes, please state the Charity Registration Business (issued by CRA) #:**

**_____**

**Is the organization registered as an Ontario Not for Profit, Yes or No: _____**

**If yes, please state the Ontario Corporation (OCN) (issued by Province of Ontario) #: _____**

**Please specify the names and titles of current Board Members:**

**IF YOU HAVE APPLIED FOR AND RECEIVED STING ASSISTS FUNDING IN THE PREVIOUS YEAR, PLEASE SKIP TO SECTION D OF THIS APPLICATION**

**For new Applicants:**

**Section C) ORGANIZATION DETAILS**

**Please describe the programs and/or services your organization provides:**

**Please provide your organization's Mission Statement:**

**How will Sting Assists funding make an impact on your organization:**

**For ALL Applicants:**

**Section D) FINANCIAL DETAILS AND FUNDING INFORMATION**

**How many local Youth will benefit directly from the requested funding?**

**Is the latest organization Financial Statement available to Sting assists if requested, Yes No _____**

**What is your organization's current total Annual Budget: _____**

**How much funding is being requested from Sting Assists? (Note: Maximum request is $5 000) _____**

**Please list specific project(s) funding will be directed toward:**

_____

_____

_____

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**(Note: details of what Sting Assists will NOT fund are found on the Grant Information and Requirements section of this Application. Please familiarize yourself with this page. Funding MUST be used within one year of receipt.)**

**Will your organization be applying for or receiving funding from other organizations for this project? Yes No _____**

**If yes, please list 1- 5 other organizations you will (or are) applying to for funding for this project:**

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**Please list up to 5 fundraising efforts your organization has or will undertake this year:**

_____

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_____

**Section E) UNDERTAKING AND REPORTING**

**Sting Assists sincerely appreciates those organizations who send us their spending of funds receipts yearly. If funding is granted by Sting Assists and used by your organization, will receipts or accounting of spending be available for review to Sting Assists? Yes No _____**

**How will Sting Assist's contribution be recognized?**

**Media release**

**Logo Placement**

**Social Media**

**Ad or Program Placement (please provide details of Ad or Program Placement if applicable)**

**Other**

**Signed on: DATE: _____ AT: _____**

**Signature: _____**

**Printed Name: _____**

**Title in organization: _____**

## Submit Application to: sscfstingassists@gmail.com

**Notifications of funding will be sent out the first week of May. Funding will be distributed in May.**

**Sting Assists appreciates the work you do to give opportunities to youth through sport and other activities. We will consider your application and be in contact with you by the first week in May if approved. Thank you!**