***Community Investment***

***Grants Program***

**2025 Grant APPLICATION form**

**Harm Reduction**

The deadline for Harm Reduction Grant applications is **June 19, 2025 at 4:45 p.m.**

**Please note that late or incomplete applications will not be considered for funding.**

**Instructions:**

* Read the Harm Reduction Grant Program Guidelines (the Guidelines) before completing this application; it provides guidance on answering the questions and definitions of key terms.
* Submit ONE application per proposal.
* Ensure the report contains two authorizing signatures.
* Ensure all attachments have been included. **Please note that only the requested supportive information and documents will be reviewed.**
* Keep one copy of this completed application form and attachments for your records.

**Questions:**

Inquiries regarding the Community Investment Grants Program (CIGP) may be directed to:

P: (306) 777-7507
E: communityinvestments@regina.ca

***Community Investment***

***Grants Program***

**Submission Guidelines**

Organizations may submit their application(s) and all applicable attachments through electronic transmission, mail, or hand delivered to City Hall.

**Electronic:**

Applications and attachments provided electronically are to be sent to:

communityinvestments@regina.ca

All documents are required to be in a PDF, MS Word, or Excel format.

**Mail:**

Applications can be mailed to:

Community Investment Office – 6th Floor
City Hall, 2476 Victoria Ave
PO Box 1790
Regina, SK S4P 3C8

**In Person Delivery:**

Applications can be delivered in person to the Ambassador’s Desk on the Main Floor at City Hall (2476 Victoria Ave), with Attention to 6th Floor, Community Investments.

Materials submitted to the Community Investments Office will not be returned.

All applications require two signatures. It is the applicant’s responsibility to ensure the Community Investments Office has received the information prior to the above-mentioned deadline. Please see application forms for more details on submission guidelines.

***Community Investment***

***Grants Program***

**2025 GRANT APPLICATION FORM**

**Harm Reduction Grant Program**

**ORGANIZATION**

|  |  |
| --- | --- |
| **Organization’s Legal Name:** |       |
| **ISC Entity Number:** |       |
| **Contact Information:** |  |
| Address: |       | Postal Code: |       |
|  |  |
| **Primary Contact:** |  |
| Name: |       | Title: |       |
| Phone: |       | Email: |       |
| **Secondary Contact:** |  |
| Name: |       | Title: |       |
| Phone: |       | Email: |       |

|  |  |
| --- | --- |
| **Grant Funding Request:** |  |

|  |  |
| --- | --- |
| Name of Proposal: |       |
| Please describe your proposal in one sentence: |       |
| Start and End Dates: Start Date: |       | End Date: |       |
| **Grant Request Type:** | [ ]  Minor [ ]  Major  |  |
| **Grant Request Amount:** | $       |  |
|  |  |  |
| **Proposal Type** (choose one):*(Refer to the Grant Guidelines for proposal descriptions)* | [ ]  **New Programs/Projects/Services**  |
|  | [ ]  **Support for Existing Programs/Projects/Services**  |

[ ]  **Capital Initiatives**

**Attachments – Please attach the following support documents to your funding application:**

#1 [ ]  Please confirm that your organization is a registered non-profit community organization that is operating with an active status, and that has been incorporated for at least one year at the time of application submission.

#2 [ ]  A copy of the budget(s) for the proposed initiative. Ensure the budget includes a list of estimated expenditures, revenues, other confirmed funding sources, sponsorships and in-kind donations.

#3 [ ]  Most recent Annual Financial Statements for your organization (audited statements where required by ISC)

#4 [ ]  **Capital Projects Only:** Letter of approval in principle from the property owner, including information on who will be providing long term responsibility and maintenance for the project.

1. **ORGANIZATION**

|  |
| --- |
| * 1. Provide a description of your organization, including the following:
 |
| * 1. Mandate or Purpose
 |
|  |        |
| * 1. History of Organization
 |
|  |        |

**B) PROGRAM MERIT**

2.Please provide a description of the proposal. Include an overall outline of the initiative, timeline/schedule, implementation plan, what the proposal hopes to accomplish and any other details needed to understand the initiative.

|  |  |
| --- | --- |
|  |       |
| 3. Optional: Describe any significant partnerships with other organizations and the nature of the partnership towards the initiative. |
|  |       |

**C) COMMUNITY NEED**

|  |
| --- |
| 4. Why is your initiative needed? Please include the community issue, challenge, or opportunity that your initiative is designed to address. What is the gap in the community that it is meeting with respect to harm reduction?  |
|  |       |

**D) COMMUNITY IMPACT**

|  |
| --- |
| 5. Describe how your initiative addresses the City’s Harm Reduction objectives. (Note: not all objectives need to be addressed). For a list of the objectives for this stream, see the grant Guidelines available at [regina.ca/grants](file:///%5C%5Ccity.regina.ca%5Cdfs%5CComserv%5CWordpro%5CCommunity%20Investment%20%280245%29%5CGrant%20-%20Harm%20Reduction%5C2025%5CGrant%20Documentation%5CApplication%20and%20Guidelines%5CDrafts%5Cregina.ca%5Cgrants). |
|  |       |

**E) ACCESSIBILITY**

|  |
| --- |
| 6. How will you work to minimize or remove barriers to participation or access? (See Appendix A: Glossary of Terms in the Guidelines for an explanation of “barriers to inclusion.”) |
|  |       |
| 7. What is the cost, if any, for members of the public to participate in the initiative? |
|  |       |

**F) FINANCIAL NEED AND BUDGET**

Provide a budget with confirmed and expected revenue and expenses for your initiative. Please include and label both eligible and ineligible expenses, as defined in the Guidelines. The expenses should only list those directly relevant for the proposal.

*Optional:* Organizations are encouraged to submit more than one budget if there are multiple or varying levels of support that could benefit the initiative. If multiple budgets or funding options are provided, the applicant must make the corresponding anticipated level of service clear in the overall application and in question 8 below.

Please refer to the following list of revenues and expenses, but not limited to, for providing your budget details:

|  |  |
| --- | --- |
| Revenue | Expenses |
| * Contribution from your organization
 | * Administrative Costs (e.g. rental fees)
 |
| * Donations/ Fundraising
 | * Project Costs (e.g. supplies, materials)
 |
| * In-kind Contributions
 | * Marketing/Promotion (e.g. design, printing)
 |
| * Government Contributions
 |  |
| * Sales Revenue
 |  |
| * Community Funders (e.g. non-profit agency)
 |  |
| * Other Sources
 |  |

|  |
| --- |
| 8. Based on your budget details, please provide a brief summary of the current funding status of your initiative and explain why City funds are required. If the City does not provide funding, what will the impact be to your initiative?  |
|  |       |

**APPLICATION AGREEMENT**

**Applicant.** For the purposes of this agreement the Applicant shall mean the corporate entity, individual or group of individuals who are applying for the grant as named on the application and supporting documents. Should an unincorporated entity be named as the applicant, any individual who signs this application shall be deemed to be the Applicant. Groups of individuals who are an Applicant shall be jointly and severally liable for the purposes of this Agreement.

**Use of Money.** The Applicant agrees to use any money or services provided to the Applicant only in the manner set out in this application (including supporting documents) and agrees to comply with the Grant Guidelines and any conditions as set out in the approval letter issued by the City of Regina (City). The City reserves the right to demand, at any time, the return of any monies or a portion of the monies, and the Applicant agrees to return the monies, if the Applicant: does not comply with the conditions set out in this application or the approval letter, uses the money in a manner that, in the opinion of the City, is inconsistent with the objectives of the Program, does not use the money in accordance with the description of the intended use of the money as set out in this application, if the Applicant made a material misrepresentation in the application, if the Applicant did not use all of the money or if the Applicant used the money for something not described in this application without the written consent of the City.

**Compliance with Bylaws and Polices.** Applicants receiving funding from the City must abide by City’s bylaws, policies and procedures. An Applicant that has breached a City bylaw will lose, if applicable, any outstanding payment and/or unused funds following the initial breach of a bylaw. Subsequent incidents will result in the Applicant being ineligible for grants in the future. If an Applicant has been advised of a City policy or procedure and does not comply with it, then this breach will be treated in the same manner as a breach of a City bylaw.

**Freedom of Information and Protection of Privacy.** The City is committed to protecting the privacy and confidentiality of personal information. All personal information that is collected by the City is done so in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act.* The information collected in this application will be used to administer the Program. De-identified, aggregate information will be used by City for program planning and evaluation. This application will be distributed to the adjudicators of the Program.

**Indemnification.** The City’s role is limited to providing the Grant to the Applicant and promoting activities funded by the City. The Applicant agrees that the City shall not be liable for any activity carried out by the Applicant. The Applicant is responsible to determine if it has adequate insurance for its activities. The Applicant agrees to fully indemnify the City, including its officers, agents, employees and affiliates, and hold each of them harmless from and against any and all claims, demands, suits, causes of action, losses, damages, liabilities and costs relating to, arising out of, or connected to, directly or indirectly, with the Applicant’s activities under this Agreement including, without limitation and no matter when asserted, claims relating to: the injury (physical or psychological) or death of any person; and damages to or loss of any property, excluding claims resulting from an act or omission amounting to the City's negligence or breach of contract to the extent attributable to the City.

**Representations.** In making this application, I the undersigned hereby represent to the City and declare that to the best of my knowledge and belief, the information provided in this application and the related supporting documents are truthful and accurate. In the case of a corporate entity or partnership I represent that I have the authority to bind the corporate entity or partnership.

Where the Applicant is a group of individuals each individual must sign the application.

**Two signatures are required:**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
| Board Member Name (print) | Signature | Position  | Date |
|       |       |       |       |
| Board Member orExecutive Director Name (print) | Signature | Position  | Date |