



# Noelle's Gift

## NOELLE'S GIFT "SMASH HIT" FUNDING GRANTS

*This grant application form is for Noelle's Gift Committee members to review project submissions and ensure grant funded projects meet our funding criteria and strategic priorities.*

### ORGANIZATION INFORMATION REQUIRED

Name of Organization

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Address

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First & Last Name of Primary Contact

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Email of Primary Contact

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#### Eligibility

School

Registered Non-Profit

Other (please explain)

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### PROJECT PROPOSAL

*Please tell us about your project:*

#### a) Duration of Project

*Specify start and end dates, including deadlines of the proposed project.*

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#### b) Amount of Funding Request

*Please include other sources of funding that are being used to support the project if applicable.*

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#### c) Description of Activities

*Including location and manner of activities being carried out.*

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**d) Purpose of Activities**

*Tell us how your project aligns with our mandate.*

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**e) Target Population**

*Describe who will benefit from the activities (please include age range).*

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**f) Performance Measures**

*Describe how you will measure the outcome of the project.*

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**g) Risk Management**

*Provide details of how the organization will monitor their activities, including, discontinuation of the activities in the case of poor performance or mismanagement of funds.*

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**h) Operational Processes**

*Provide an outline of operational processes in your organization for financial, governance, administration, advocacy and decision making.*

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**REPORTING REQUIREMENTS**

Successful applications will be required to complete a final project report at the conclusion of the funded initiative.

The project report should highlight the outcomes of the funded initiative and include the performance measures and budget reporting.



**THANK YOU!**

If you have any other questions or want to learn more you can visit our website [noellesgift.ca](http://noellesgift.ca)



# Noelle's Gift

## Smash Hits Grant Funding Final Report

**Mission:** Committed to improving the lives of children in our community

**Vision:** To ensure every child has the chance to grow up great

**Values:** Noelle's Gift values education, healthy growth & development, and resilience. Our priorities include learning, healthy nutrition, physical activity, and the provision of basic necessities that support student success.

### ORGANIZATION INFORMATION REQUIRED

Organization:

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Program Name:

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Grant Approved Amount:

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### A. PROGRAM INFORMATION

#### Program Summary

*Provide a summary of the program describing the primary activities, who participated, and how successful the program was in achieving the intended results.*

**Describe any changes to the program and why they occurred, as well as any unexpected results**

### B. DEMOGRAPHICS

**Please identify the number of participants that received support to participate in this program**

**Describe the participants who benefitted from your program and provide any additional information on the demographics included (i.e. age, rural vs urban, SES).**

## C. PROGRAM BUDGET

Provide an itemized program budget summary to confirm how the grant funds were spent

## D. COMMUNICATIONS

Please indicate how Noelle's Gift was acknowledged for the grant funding support of this program.

- Annual Report
- Brochure
- Email Newsletter
- Media Release
- Posters
- Public Announcement
- Social Media
- Website
- Other (please specify)

I hereby certify that the information contained in this report and any attachments are complete and accurate, and that Noelle's Gift Smash Hits Grant funds were used only for the program and expenses as approved by Noelle's Gift.

Name:

Position:

Date:



**THANK YOU!**

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