## **Community Activities Fund Application Form**

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**Part A: Event Information** 

Event Name:		
Address:		
☐ One-time Event ☐ Rep	peating Event	
Proposed Date of Event:		
If you checked repeating event, pleasover the year:	se tell us how often you	r event will happen
Your First Name:	Your Last Name:	
Your Email:	Your Phone Number:	
How does this activity support events	and activities suggeste	d by your building?
Part B: What Do You Need		
What is Needed for the Event		Please list the
What items or services do you need for the event?		estimated cost of each item:

Toronto Seniors Housing Corporation

	Total Funda Danuastad Ć
	Total Funds Requested   \$
Part C: Delivery	
Who is the best pers building staff)?	on in the building to send deliveries to (tenant volunteer or
Full Name	
Unit Number	
Buzzer Code (if applicable)	
Cellphone number	
<b>Preferred Delivery</b>	Monday □ Tuesday □ Wednesday □ Thursday □
<b>Dates and Times</b>	Friday $\square$ Saturday $\square$ Sunday $\square$
(optional, check all that apply)	Morning □ Afternoon □ Evening □
Part D: Declaration	
Please check off each statements.	n box to show that you have read and agree with these
	quested will only be used for eligible expenses listed. It is only e of the event. Items will not be for personal use or personal
rare cases, ten	to be made by Toronto Seniors Housing Corporation staff. In ants can be reimbursed for up to \$100 for purchases made written pre-approval from the Manager. Community

Programs and Partnerships. In these cases, tenants will need to supply

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	report. The	Community	eted, all succ Services Coc firmation of	rdinato	r (CSC) will p		-
	Coordination receive feed using feedb	n Table are following the design of the design of the design of this opporture of this opporture of this opporture of the design	cisions made final. Howeve y it was deni any necessa tunity to ens	er, if you ed. You ry upda	ur application can re-subm tes. We enco	n is denied, hit your appl ourage you t	you will ication o take
Appl	icant Name						
Appl	licant Signatı	ure					
	se send this a		o your Comn	nunity So	ervices Coor	dination (CS	C) for
	<ul><li>South W</li><li>North Ea</li></ul>	est: Joshua G st: Ivana Bar	avasin, ornel Graham, josh neche, ivana ani, shola.tij	ua.grah .barnec	am@toronto he@toronto	oseniorshou: seniorshous	sing.ca
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	ication to be	reviewed ar	nd following	section 1	to be comple	eted by the (	LSC.
Date	Reviewed:						

## **Toronto Seniors Housing Corporation**

CSC Name:	
CSC Signature:	

## **Part E: Community Activities Fund Summary Report**

Please include the following information to report on the success of your Community Activities Funded activity, event, or purchase:

1111	numity Activities Funded activity, event, or purchase.
•	Cellphone photos Short cellphone video if possible Attendance sign-in sheets Feedback form for participants Other:
•	Please indicate if this was a tenant-led event or staff-led event:  Tenant-led event  Staff-led event
•	Please indicate how many tenants attended your event?
	Please provide a summary of how Community Activities Funds were used to support your initiative:
	Please describe the impact and/or results of your initiative: