



## **Community Investment Program**

### **2027 Community Impact Grant – Community Programs and Projects**

#### **Application Questions**

The Community Impact Grant provides funding to registered non-profit organizations to deliver programs, projects and events that improve quality of life for residents in the region through **one or more** of the following streams:

- Community Programs and Projects
- Community Events
- The Community Programs and Projects Stream and the Community Events Stream are two distinct funding streams. Applicants may submit one application to each stream and may be eligible to receive funding from one or both streams.

**\*\*\*Applications open on September 2, 2026\*\*\***

**\*\*\*Applications will be accepted until 4:30 p.m. MDT. on September 30, 2026\*\*\***

#### **Before applying:**

- Read the CIP Policy and Program Guidelines carefully and request a pre-application meeting with CIP Staff, by emailing [CIP@rmwb.ca](mailto:CIP@rmwb.ca) if you have any questions.
- Ensure that all accounting and reporting for any previous Regional Municipality of Wood Buffalo funding has been completed. Organizations will not be considered for new funding until any outstanding account and reporting requirements have been satisfied.
- All applications must be submitted through the [CIP Grant Portal](#). [Register](#) (if new applicant) or [Login](#) (if already registered). Select “Funding Opportunities” on your Home Page to apply.

#### **Application Instructions:**

- Please complete all mandatory questions. \* Asterisk symbol beside an application question means the question is mandatory.
- Please use the **Save Draft** button frequently to prevent any loss of work.
- **Applicant Information** is copied directly from your organization and user profiles and will appear in a read-only state within this form.  
If the applicant information displayed is not current, please update your





organization and user profiles on your **Home Page** prior to completing and submitting the application.

- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu of the application or contact [cip@rmwb.ca](mailto:cip@rmwb.ca).
- If you wish to invite a **grant writer** to collaborate on your application, use the **Invitations** tab located within the left side menu of the application.
- **Applications not Submitted by 4:30 pm on the closing date, will be withdrawn by CIP Staff.**

## 2027 Community Programs and Projects – Application Questions

### APPLICANT INFORMATION - Tab

#### Organization Information

This section will automatically populate using the details from the **Organization Profile**, which is located on the **Primary Contact's Home Page**.

If any updates are needed, please go to your Home Page and select **Organization Profile** to make the necessary changes.

#### Primary Contact

The Primary Contact information is automatically filled in based on the details in **My Profile**, also found on the **Main Contact's Home Page**.

To update this information, navigate to your Home Page and select **My Profile**.

1. \*Is the organization a registered non-profit?

Applicants must be a registered non-profit organization or a community group in partnership with a registered non-profit organization. If you have any questions regarding grant eligibility, please contact [cip@rmwb.ca](mailto:cip@rmwb.ca) to book a pre-application meeting.

Please Select;

☐Yes

☐No

2. \*Has the organization operated within the Regional Municipality of Wood Buffalo for at least one year?

Applicants must have resided or operated within the Regional Municipality of Wood Buffalo for at least one year prior to applying. If you have any questions regarding grant eligibility, please contact [cip@rmwb.ca](mailto:cip@rmwb.ca) to book a pre-application meeting.

Please Select;

☐Yes

☐No





3. \*In the last year, have there been any significant changes to your organization or program?

Please Select;

☐Yes

☐No

- a. \*If yes; please select the change.

- ☐Organizational Change (e.g. governance, policies, strategic plan)  
☐Leadership Change (e.g. staff or board)  
☐Financial Change (e.g. funding, loss/gain of sponsors)  
☐Demographics (e.g. changes in the community you serve)  
☐Other

- b. \*If other; please explain. 300 Words

4. \*What is your organization's Mission Statement? 50 Words
5. \*Brief Summary of the Proposed Program(s) and/or Project(s). 300 Words
6. \*Please note any restrictions on participating in your organization's programs, projects, services or events. 300 Words
7. \*Minimum number of board members according to the organization's bylaws:
8. \*Please list your current Board of Directors in the table:

 **Board of Directors Table**

 Please list your current board of directors.

**Board of Directors**

| Name                 | Board Position       | Years on Board       | Email                | Phone Number         |                                  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |







9. \*Do one or more board representatives or program staff have lived experience or expertise reflective of the demographics your organization serves?

Please Select;

☐ Yes ☐ No

- a. \*If yes; please briefly explain the lived experience or expertise. 300 Words
- b. \*If no; please explain how board decisions or program delivery meet the needs of the demographics served by your organization. 300 Words

**i** Board Governance Training (Required) Beginning with the 2027 grant cycle, governance training for Boards of Directors is being introduced as a phased requirement. While completion is not required for funding eligibility in 2027, organizations are expected to begin planning for future compliance.  
Note: For details about governance training, please refer to section 3: Funding Conditions in the grant guidelines.

10. \* Of the current Board members you have listed in the Board of Directors Table, how many have completed relevant governance training?

11. \* Does your organization have a plan for all Board members to complete governance training?

☐ Yes  
☐ No  
☐ In Progress

12. \* If yes or in progress, briefly describe your plan and anticipated timeline. 300 Words

## **PROGRAM/PROJECT DETAIL - Tab**

**\*\*Program/Project Details are required for every Program/Project your organization is applying for\*\***

13. \*Are you applying for more than one program or project?

If you are unsure, please contact [CIP@rmwb.ca](mailto:CIP@rmwb.ca) for clarification.

Please Select;

☐ Yes ☐ No

## **Program/Projects**

14. \***Step 1:** Click on the **button** to enter the name of your program(s) or project(s).





 Add Program(s) or Project(s)

Project(s) - Click on the “+” button to enter in the project name(s) and click **Save**.

### Project(s)

 Click on the "+" button to enter in the project name(s).

Program/Project Name

Program/Project Name #1

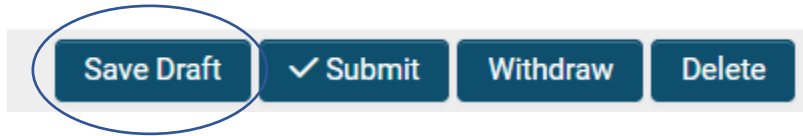
Program/Project Name #2

Program/Project Name #3



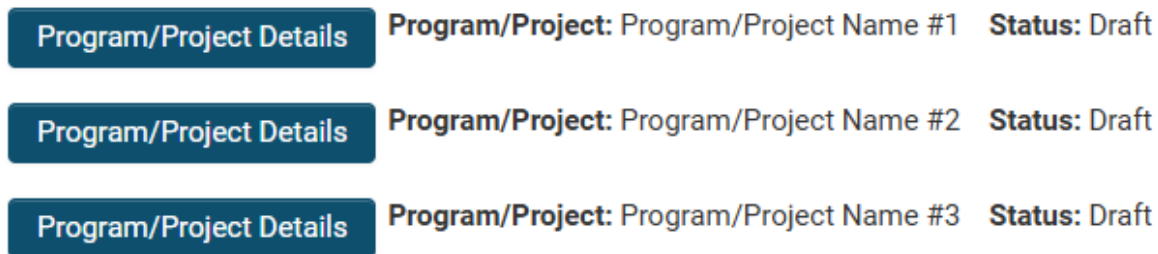


**Step 2:** Click on the **Save Draft** Button – this will automatically populate the name of the programs(s) or projects (s)



### Example

**Step 3:** Click on the "Program/Project Details" button below to complete the details of each Program/Project information form.



**Step 3:** Click on the “Program/Project Details” button to complete the details of each Program/Project.



### Program/Project Detail Questions

15. \*Program, Project or Service Name. 8 Words

16. \*Beginning Date - MM/DD/YYYY

17. \*Completion Date - MM/DD/YYYY

Note: The term of the grant is January 1 - December 31. The program, project, service or event and all expenditures must occur during this term.





**18. \*Location services will be provided:**

Note: If the grant is approved, the communities served will be included in the Grant Agreement and data collection from all communities will be required.

Do not select the rural community if the service is provided to the clients from rural communities through the urban service area.

- |                                               |                                                 |                                      |
|-----------------------------------------------|-------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Anzac;               | <input type="checkbox"/> Conklin;               | <input type="checkbox"/> Draper;     |
| <input type="checkbox"/> Fort Chipewyan;      | <input type="checkbox"/> Fort Fitzgerald;       | <input type="checkbox"/> Fort McKay; |
| <input type="checkbox"/> Fort McMurray;       | <input type="checkbox"/> Gregoire Lake Estates; | <input type="checkbox"/> Janvier;    |
| <input type="checkbox"/> Sapræe Creek Estates |                                                 |                                      |

If a Rural Community is selected. The following questions will appear.

- a. \*Please complete the following Program, Project, or Event Delivery Details. Table.

| Program/Project/or Event Details                   |                      |                      |                                 |
|----------------------------------------------------|----------------------|----------------------|---------------------------------|
| i Program, Project, or Event Delivery Information: |                      |                      |                                 |
| Program/Project/ or Event Location                 | In Person (Yes/No)   | Virtually (Yes/No)   | Travel Budget Required (Yes/No) |
| <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
| <div>+</div>                                       |                      |                      |                                 |

- b. \*How does your organization plan to address barriers related to delivering virtual services in rural areas. This may include limited internet access, lack of devices, and limited technical support. If applicable. If applicable. 200 Words
- c. \*How does your organization plan to address transportation barriers to provide the program, project, service or event? If applicable. 200 Words



**19. \*** Council approved seven funding priorities. Please indicate which funding priority/priorities are applicable to this application.

Please select at least 3 funding priorities for the Community Sustaining and Subsidiary Grant applications. Please select at least 1 funding priority for the Community Impact Grant (Community Programs and Projects or Community Events) application.

- ☐ Accessibility, Inclusion and Belonging;
- ☐ Community Participation and Local Opportunity;
- ☐ Community Wellbeing and Preventative Support Services;
- ☐ Indigenous and Rural Community Relationships;
- ☐ Safe, Connected and Welcoming Communities;
- ☐ Value of Culture, Heritage and Regional Pride

**20. \*** Describe how the proposed program, project, service or event align with these priorities. 100 Words

**21. \*** In the table below, please identify the total number of unique participants that you anticipate will access the funded program, project, service or event.

#### Target Demographic Table

 Please identify the target population of the program, project or event in the table below.

| Age                   | Target Population    |
|-----------------------|----------------------|
| Children (0-12 years) | <input type="text"/> |
| Youth (13-18 years)   | <input type="text"/> |
| Adults                | <input type="text"/> |
| Seniors (65+)         | <input type="text"/> |
| Families              | <input type="text"/> |
| Community             | <input type="text"/> |
| Total                 | <input type="text"/> |





**22.** Please identify the equity deserving population the program, project, service or event will serve.

- ☐ 2SLGBTQIA+
- ☐ Immigrants, refugees and/or newcomers
- ☐ First Nations, Métis, and/or Inuit Peoples
- ☐ Other racialized communities
- ☐ Youth
- ☐ Seniors
- ☐ Women and/or girls
- ☐ People experiencing poverty and/or homelessness
- ☐ People living with disabilities
- ☐ People living in rural communities
- ☐ Other

**23. \*** How does your organization ensure that its programs, projects, services or events are accessible and inclusive for anyone who has an interest? Please share examples and success stories of accessibility and inclusivity. 200 Words

**24.** If applicable, please explain how your program, project, service or event celebrates Indigenous culture, serves Indigenous communities and/or promotes Indigenous healing, language, cultural restoration, or reconciliation. 200 Words

### Logic Model

**25. \*** Statement of Need: What social problem or gap do you hope to address by delivering the program, project, service or event? What evidence do you have that this problem or gap exists? 200 Words

**26. \*** Broad Strategy: How will the program, project, service or event address the social problem? (e.g., What approach are you taking that you hope will lead your program, project, service or event to support the social problem?) 200 Words

**27. \*** Rationale: What evidence or research do we have that this strategy will work? To demonstrate for example, "If [my organization] does 'x' program, project, service or event, then [this] change will happen for the target population." 200 Words

**28. \*** Inputs: What resources will be invested to achieve your goal? (e.g., staff labour, venue space, volunteers, computers, etc.) 200 Words

**29. \*** Activities: What activities make up the program, project, service or event? (e.g., workshops, mentorship sessions, etc.) 200 Words





- 30. \*Outputs:** What do you deliver? (e.g., # of total participants trained, # of organizations, # of sessions, # of events, etc.). Note, each activity should have outputs. 200 Words

Note: If the program, project, service or event is approved, your outputs may be included in the Grant Agreement and data collection on the outputs is required.

- 31. \*Outcomes:** What change do you want to see for the participants by running your program, project, service or event? Organizations are required to identify at least one outcome, that will be measured through the grant period, should the application be approved. 200 Words

Note: If the program, project, service or event is approved, the outcomes included in Schedule B of the grant agreement will be selected from the outcomes identified in your submitted program logic model. Applicants should ensure their logic model accurately reflects the outcomes they intend to achieve, as these will form the basis for grant reporting.

- 32. \*What tools will you use to measure the outcomes of the program, project, service or event?**

Note: If your organization is approved for funding, copies of the measurement tools selected will be requested.

- ☐ Surveys
- ☐ Focus Groups
- ☐ Interviews
- ☐ Observation
- ☐ Other:

a. If Other: 100 Words

- 33. \*Please provide details of how your program, project, service or event differs from other services being offered in the community. 200 Words**





34. \*This grant is intended to promote an allied social profit sector within the Municipality. List the community groups or organizations that will be actively involved in the program, project, service or event delivery.

#### Partnerships Table

**i** This grant is intended to promote an allied social profit sector within the Municipality. List the community groups or organizations that will be actively involved in the program, project, service or event delivery.

| Community Organization or Group  |                      | Role                             |
|----------------------------------|----------------------|----------------------------------|
| <input type="text"/>             | <input type="text"/> | <input type="button" value="x"/> |
| <input type="text"/>             | <input type="text"/> | <input type="button" value="x"/> |
| <input type="button" value="+"/> |                      |                                  |

**Note:** Please be sure to press "Submit" on current program/project/service or event details. Once you "Submit" the program/project/service details, you will not be able to make any changes. Please contact [cip@rmwb.ca](mailto:cip@rmwb.ca) if you require support.

When you "**Submit**" the Program/Project Details, the status will change from "**Draft**" to "**Completed**".

Step 3: Click on the "Program/Project Details" button below to complete the details of each Program/Project. Please be sure to submit the current program/project information form before moving onto the next project information form.

**Program/Project Details** Program/Project: Program/Project Name #1 Status: Completed

**Program/Project Details** Program/Project: Program/Project Name #2 Status: Draft

**Program/Project Details** Program/Project: Program/Project Name #3 Status: Draft

If applying for more than one program or project, please move onto the next **Program/Project Details** questions (**Step 3**), and so on, until details are "**Completed**".

**Program/Project Details**

Program/Project: Program/Project Name #2 Status: Draft

**Program/Project Details**

Program/Project: Program/Project Name #3 Status: Draft





## **FINANCES- Tab**

**35. \*Organization's most recent Fiscal Year End date**

Please click Save Draft to update the following two questions with this date.  
MM/DD/YYYY

**36. \*Unrestricted Net Assets**

Unrestricted Net Assets (accumulated net assets/surplus that the organization has not set aside for a particular purpose or earmarked by a donor for a specific program or project) from your Financial Statements ending: MM/DD/YYYY

**37. \*Total Operating Expenses**

Total Expenses from your Financial Statements Ending: MM/DD/YYYY

**38. \*What efforts have been made in the past fiscal year to increase the financial support for your organization? 300 Words**

**39. \*Please complete the following budget table:**

If there are multiple programs, projects, services or events included in this application, please provide the total budget for all requests in the budget table. Additionally, attach a detailed breakdown of the budget by program, project, service or event on the Attachment tab

**\$ Budget**

**[See Appendix A – Budget Table]**

**40. \*Total Cost of Program, Project, or Service**

Total cost includes all costs of the entire program, project or service.

**41. \*Total Grant Amount Request**

Up to 75% of total program, project cost up to maximum of \$100,000.

**42. Grant request as percentage of total cost of program, project or service**

Click on the Save Draft button to calculate the percentage.





- 43. \***Outline any expected non-financial resources being leveraged for this program, project, service or event to demonstrate community support. 100 Words

### **ATTACHMENTS - Tab**

- 44.** Please attach a budget breakdown for each program, project, service or event if there are multiple requests included in this application.
- 45.** Please attach a Partnership Letter(s) of Support for the proposed program, project, service or event to demonstrate authentic partnership and collaboration.

Applicants may use the **Partnership Letter of Support** Template or submit a customized letter. **[See Appendix B – Partnership Letter of Support Template]**

Each letter should include the following five key elements:

1. Commitment to the partnership and shared initiatives
2. Confirmation of the community need
3. History of prior collaboration or rationale for a new partnership
4. Defined roles, responsibilities, and resource commitments
5. Contact information for the partner organization

Each letter must be signed by an authorized representative of the partner organization.

- 46. \*** Please attach signed Financial Statements for the most recent fiscal year end.

Note: Year end date must fall between July 1, 2025 of last year and June 30, 2026 of this year.





## **DECLARATION - Tab**

Declaration: In making this application, I, the undersigned, confirm:

- that I have read the appropriate Grant Guidelines;
- that I understand that this application form and all required attachments must be completed in full and received before 2026-09-30 4:30 p.m. MDT;
- that I understand that this application form and any attachments shall be part of the Community Investment Program Approval Committee (CIPAC, Council Appointed) meeting agenda and accessible through all methods that the public meeting agenda is available;
- that I understand the term of the Grant is January 1 to December 31, 2027 and that all expenditures must happen during this term; and
- that I am authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.
- that I understand the personal information collected in this application is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process the application and contact you if needed, during the review of this application. If you have any questions about the collection and use of the personal information you may contact the Manager, Community Partnerships and Initiatives, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at (587) 919-5522.

**\*Acknowledgement**

☐ I do hereby certify that to the best of my knowledge, this application contains a full and correct account of all matters stated herein.

**\*Applicant Name**

**\*Position/Title**

**\*Date - MM/DD/YYYY**





## Appendix “A” Budget Table

### Revenue

- i** Please be advised that although your organization's fiscal year may not run January - December, that is the funding period of the Community Impact Grant. The following content must only relate to the period of January 1 - December 31
- Please include all anticipated sources of revenue for the program, project or event and whether or not it is in progress (applied for but not yet confirmed) or secured (confirmed).
- Please list all sources of funding separately and name the sources in the space provided.
- Do not include this grant application as a source of revenue.
- If there is no revenue for the program, project, or event being applied for please enter “0” in the Revenue section of the budget.

### Secured Revenue

- i** Please include all sources of revenue for the program, project or event.

| Revenue Sources                                        | Description          | Revenue (Jan-Dec)    |                                  |
|--------------------------------------------------------|----------------------|----------------------|----------------------------------|
| Please Select ▼                                        | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Casinos/Bingos ▼                                       | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Government of Alberta Grant ▼                          | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Government of Canada GrantGrant ▼                      | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| In-Kind Donation ▼                                     | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Program/Event Income (Ticket sales, admission, etc.) ▼ | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Sponsorship ▼                                          | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Other ▼                                                | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
|                                                        |                      |                      | <b>\$0.00</b>                    |





## Revenue in Progress

**i** Please include all anticipated sources of revenue for the program, project or event.

| Revenue Sources                                       | Description          | Revenue (Jan-Dec)    |                                  |
|-------------------------------------------------------|----------------------|----------------------|----------------------------------|
| Program/Project Income (Ticket sales, admission, etc) | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Government of Alberta Grant                           | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Government of Canada Grant                            | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Casinos/Bingos                                        | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| In-Kind Donation                                      | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Grant                                                 | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Sponsorship                                           | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Other                                                 | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
|                                                       |                      |                      | <b>\$0.00</b>                    |

## Expenses

**i** Please be advised that regardless of the organization's fiscal year, the funding period of the Community Impact Grant is January to December. As such, the following content must:

- Include only eligible expenses related to the program, project or event contained in this grant request; and
- Only include anticipated expenses to be incurred from January to December.

Please include all of the expense related to this program, project or event, even if it is fully funded by other funders.

Administration Costs (included in the 15%) - Accounting, Bookkeeping, Bank Fees, Executive Wages Salaries, Freight/Courier/Postage, General Business Insurance, Office Supplies and Equipment, and Office Rent and Utilities.

Total Grant Request:

| Type of Expense                         | Description          | Total Expenses       | Requested RMWB Grant |                                  |
|-----------------------------------------|----------------------|----------------------|----------------------|----------------------------------|
| Please Select                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Administration Costs 15% Maximum        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Advertising/Marketing                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Food Costs                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Gifts for Elders / Honorariums          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Insurance - Program, Project, Service o | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Program Materials & Supplies            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Program Staff wages & Benefits          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Rent - Venue/Facility/Room/Equipmen     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Training                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Transportation and Delivery             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Volunteer Appreciation                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="x"/> |
| Other (Provide Detail)                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |                                  |
|                                         |                      |                      | <b>\$0.00</b>        | <b>\$0.00</b>                    |





## Shortfall

 Total Grant Request cannot be higher than projected shortfall

### Shortfall

| Total                                    |        |
|------------------------------------------|--------|
| (Total Secured Revenue - Total Expenses) | \$0.00 |

### Requested RMWB Grant

#### Total RMWB Grant Request

| Amount |        |
|--------|--------|
| Total  | \$0.00 |

CIP funding is intended to promote sustainability and reduce long-term reliance on municipal grants.

**Funding Limit:** CIP will fund up to 75% of the total eligible expense of the program, project, or event for the grant stream.

**Other Revenue Sources:** Applicants must contribute a minimum of 25% of the eligible expenses from other revenue sources. The contribution can be secured or in progress at time of application. It must be directly related to the program, project, or event and may include:

- Other grants,
- Cash donations,
- Donated labour, materials or services (in-kind support).

**Grant Maximums:** CIP may cover the shortfall between the secured revenue and the eligible expenses up to maximum amounts:

- Community Programs and Projects: Up to a maximum of \$100,000

**Note:** If the actual funding exceeds 75% of the total eligible expenses as determined in the final report evaluation, the excess amount may be requested to be returned.





## Appendix B – Partnership Letter of Support Template

[Partner Organization Letterhead or Logo]

[Date]

To Whom It May Concern,

Subject: Letter of Support and Partnership for [Project Name]

On behalf of [Partner Organization Name], I am pleased to express our strong support and commitment to partnering with [Lead Applicant Organization Name] in the implementation of [Service, Program or Project Name]. This initiative aligns with our shared mission to [shared mission or objective].

We are committed to working collaboratively with [Lead Applicant Organization Name] to ensure the success of this project. We recognize the pressing need for [briefly describe the issue or need the project addresses] in our community.

[Choose one of the following options:]

- Our organizations have a history of successful collaboration, including [briefly describe past projects or initiatives, outcomes, and impact], which demonstrates our ability to work effectively together.

OR

- While this is a new partnership, we believe it is a natural and strategic fit. Our complementary strengths – [briefly describe each organization's strengths, expertise, coordinated services, etc.] – position us well to deliver this project collaboratively and effectively.

As a committed partner, [Partner Organization Name] will contribute to the project in the following ways:

- Roles and Responsibilities: [Be specific e.g., program delivery, outreach, evaluation, training, etc.]
- Resources Committed: [Be specific e.g., staff time, facilities, in-kind support, funding contributions, etc.]

For any further information or clarification, please contact:

[Name]

[Title]

[Partner Organization Name]

Phone: [Phone Number]

Email: [Email Address]

Website (if applicable): [Website URL]

We look forward to the opportunity to collaborate on this important initiative and are confident in the positive impact it will have on our community.

Sincerely,

[Signature]

[Name]

[Title]

[Partner Organization Name]

