# Sleep Cheap Charities Reap 2024: Instructions for Application from Charities

The Sleep Cheap Charities Reap Committee is seeking applications from local charities and incorporated not-for-profits serving residents of the City of Niagara Falls who are interested in receiving a donation from funds generated by the annual Sleep Cheap Charities Reap initiative. Please be aware that funds available for distribution will likely be significantly less than in previous years.

## To be eligible for consideration, an organization must:

* Provide service/support benefitting residents of Niagara Falls;
* Be registered as a charity with Canada Revenue Agency or as an incorporated not-for-profit;
* Complete and submit a formal application; and
* Not have received a donation from Sleep Cheap Charities Reap fundraising campaign in the previous year. Any exceptions to the criteria will be at the committee’s discretion.

## Sleep Cheap Charities Reap does not provide donations through our charitable donations application process to:

* Organizations which have political or denominational affiliations.
* Projects outside the Niagara Region.
* Activities that could be deemed discriminatory by the Human Rights Code.
* For-Profit organizations.
* Agencies for redistribution.
* Fundraising events.
* Endowments.
* Individuals.

The Sleep Cheap Charities Reap Committee will review all applications on their individual merit, and will provide fair and equitable consideration for all eligible applicants.

The Committee reserves the right to request and receive reports on use of funds from organizations that receive donations through this program.

## Deadline for Submission:

The deadline for receipt of the proposal to the City of Niagara Falls is **Thursday, November 28, 2024 at 12 noon.**

## Contact Information:

Further information is available by contacting Dale Morton, City of Niagara Falls

Tel 905-356-7521 Ext. 4215. Email **dmorton@niagarafalls.ca**

## Other Attachments:

1. The deadline is Thursday, November 28, 2024 at 12 noon. Submit completed applications with copies and attachments by email, mail, or delivery to Niagara Falls City Hall, c/o Dale Morton, 4310 Queen Street, Niagara Falls, ON. Email to **dmorton@niagarafalls.ca**
2. Applications received after 12:00 noon on Thursday, November 28 2024, will not be accepted.
3. Send one copy of the following documents and check in the box to indicate they are included in your submission:
* completed and signed application (only one copy with original signatures)
* most recent financial statements and annual report (if available)
* summary of current year operating budget for your organization
* list of names and addresses of current board of directors.
1. Decision making: The Committee will review the applications and make funding decisions in mid to late December 2024. All applicants will be contacted regarding the funding decisions.

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| **2024 APPLICATION FOR DONATION** |
| **Date of Application:** |  |
| **Name of Registered Charitable Organization or Registered Not-for-Profit:** |  |
| **Mailing Address:** |  |
| **Street Address***(if different from Mailing Address above)***:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |
| **Contact Name:** |  |
| **Website** *(if applicable)***:** |  |
| **Charitable or Not-for-Profit Registration Number:** |  |
| **Date of Incorporation:** |  |
| **Number of Full-Time Employees:** |  |
| **Number of Part-Time Employees:** |  |
| **Number of Volunteers:** |  |
| **Amount of Request:** |  |
| **Is this your first request to the Sleep Cheap Committee?** |  |

# Sleep Cheap Charities Reap 2024: Application for Donation

*Please complete the following application form. If more space is required, use additional paper.*

## In the space below, please succinctly respond to the following:

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| What is the mandate of your organization, including activities/programs offered? *(please attach additional information as appropriate).* |
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| What segment of the population does your organization serve or benefit in Niagara Falls? Provide statistics indicating the number of Niagara Falls residents impacted by your service or program. |
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| Describe in detail how your organization intends to use the funds requested from Sleep Cheap Charities Reap. |
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| 1. **What will happen as a result of the requested donation? How would this donation make a difference to your organization and to the residents of Niagara Falls?**
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| List the types and levels of funding your organization currently receives. Please list any funding your organization receives from the City of Niagara Falls and provide the percentage of your funding that comes from local grassroots fundraising. |
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| 1. **Please indicate whether this is a capital or operating fund request.**
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| I confirm that the information contained in this application is true and accurate to the best of my knowledge. |
| Print Name:Signature of Senior Staff Person:Print Name:Signature of Chairperson or Board Representative: |

#### Submission Deadline – Thursday, November 28, 2024 - 12:00 noon

**Note**: Please be aware that we receive far more requests than we can support at one time and that a decision not to support does not necessarily reflect on the merit of the request.

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