



COMMUNITY

PROJECT

APPLICATION



LEADERSHIP NIAGARA
INSPIRING LEADERS. BUILDING COMMUNITY.

COMMUNITY PROJECT APPLICATION

Organization: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Website: _____

Executive Director/CEO: _____

Email: _____

Primary Contact: _____

Position: _____

Email: _____

Mission:

Please select which of the following best describes your organization:

- Incorporated Charity or Non-profit with provincial, national or international leadership/support)
- Incorporated Charity or Non-profit with local Niagara leadership (without provincial, national or international leadership/ support)
- Non-Incorporated Civic Society Organization (local community group)

Project Details

Please provide a brief description of the initiative that you would like assistance on from the LN Leaders.

What problem does this project address?

Why is this important to your organization and the community?

How does this project fit within your strategic plan?

Through the process of this project how do you expect the LN Leaders to interact with your various stakeholders:

Your Board of Director? What does this look like?

Your staff? What does this look like?

Your Clients? What does this look like?

Community? What does this look like?

Please list the skills/ areas of expertise you are looking for in the members of your project team?

Based on the class size, we expect between 3-5 participants per project. How many LN Leaders do you think are needed for your project?

What resources will your organization contribute to the project? (*human resources, equipment, finances, etc.*)

Is this project linked to any funding or accountability agreements? If so, what are the funder's expectations for this project?

The Leadership Niagara project timeline is from October to May. Please indicate below any significant events or milestones for your organization that might relate to this project.

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

Please provide an explanation of how we will know if the project or initiative is a success: how might we measure the impact of Leadership Niagara’s involvement with this initiative?

I understand that the information contained in this application will be provided to the participants of the program as part of the selection process.

Initial:

I hereby acknowledge that Leadership Niagara cannot guarantee that our Community Project proposal will be selected by the participants of the program.

Initial:

By submitting this proposal, I understand and commit to ensuring that the project lead from our agency will be present on **October 18, 2018 at the Niagara Region**. Your agency representatives will be expected to be available from **10 am-1:30 pm** for the presentation and networking with the participants.

Initial:

Executive Director:

Date: _____

Board Chair:

Date: _____

Submission deadline: September 6, 2019

We will contact you by mid-September to confirm whether your organization's project has been shortlisted to be presented the participants in October. We look forward to receiving your proposal and encourage you to contact us (905) 641-252 ext. 4670 or by email at info@leadershipniagara.ca.

Project submissions can be emailed to info@leadershipniagara.ca