



Enhancing Seniors Inclusion Grant Program Application 2026– 2027

Please read through this full guide before completing your application

Deadline: Monday April 27, 2026, 5:00 pm

LATE APPLICATIONS WILL NOT BE ACCEPTED.

For questions please contact:

E-mail: seniorsgrassroots@woodgreen.org

SECTION A: ORGANIZATION INFORMATION

Name of Applicant Organization:		
Street Address of Applicant Organization:		
City:	Province:	Postal Code:
Primary Contact Name:	Title of Contact Person:	
Telephone Number:	E-mail Address:	
Secondary Contact Name:	Title of Contact Person:	
Telephone Number:	E-mail Address:	
Website URL or social media Page (if applicable):		
Charitable Organization Registration Number OR Incorporation Number of Applicant Organization:		
If your group is not incorporated, please provide the name of the trustee organization.		

A1. Geographic and Organizational Eligibility

Please review the following eligibility requirements carefully. All applicants must meet the criteria outlined below to be eligible for further grant consideration.

1. Geographic Eligibility

Applicant organizations must operate within East Toronto, defined as:

Yonge Street **(West)** to Warden Avenue **(East)**, and Eglinton Avenue **(North)** to Lake Shore Boulevard **(South)**.

Yes, our organization operates within the defined catchment area.

2. Organizational Eligibility

Applicants must fall within **one** of the following categories:

An incorporated non-profit organization

An unincorporated or self-organized community group (**with a confirmed trustee organization** to manage funds)

A neighborhood association proposing initiatives that directly benefit older adults and seniors living within their communities

Yes, our organization meets one of the above eligibility categories

3. Organizational Capacity

The applicant organization must demonstrate the capacity to:

- Manage and administer grant funds responsibly
- Deliver the proposed project within the funding period
- Maintain appropriate financial oversight and reporting processes

Yes, our organization has the capacity to manage funds and deliver the proposed project as described.

If yes, please briefly describe your organization's experience managing grant funds and delivering similar projects (**maximum 250 words**).

***Additional Requirements for Unincorporated Groups:**

Unincorporated applicants must have a trustee organization and may be required to provide additional documentation demonstrating their capacity to implement community-based projects and manage grant funds.

4. Non-Duplication of Services

The proposed project must not duplicate services currently funded by Ontario Health, the Ministry for Seniors and Accessibility, Community Support Programs (CSP), New Horizons for Seniors Program (NHSP) or any other funder.

Applicants must demonstrate that the proposed initiative addresses an identified service gap or unmet community needs.

Yes, our project does not duplicate existing publicly funded services.

A2 Liability Insurance

All funded projects must maintain appropriate liability insurance covering program activities for the duration of the project.

1. Does your organization currently hold liability insurance that covers the proposed project's activities? If not, your organization must obtain appropriate liability insurance before the project's start date. If applicable, please describe your insurance coverage or plan to obtain coverage.

A3 Program Locations and Delivery Requirements

Please provide the following information regarding how the proposed program will be delivered.

The program must **meet** the following delivery conditions:

- All activities must be delivered **in person** and in **group** settings.
 Yes, No
- Will any project activities take place on **weekends** or **outside regular business hours**?
 Yes No
- If yes, please specify which project activities will take place outside regular business hours and whether this applies to **all** or only **selected** activities.

Program Location:

1. Identify the physical location(s) where all project activities will take place. Briefly explain why the selected location(s) are appropriate for the target population and proposed activities.

A4 Organizational Overview & Capacity

1. Organizational Overview

Describe your organization's mission, mandate, and primary areas of work. Include the communities or populations you serve.

2. Governance Structure

Describe your governance structure (e.g., Board of Directors, steering committee).

Explain how strategic and financial decisions are made and documented.

If applicable, describe how your Board or governing body provides oversight of the proposed project, including financial accountability and reporting processes.

3. Staffing & Volunteer Capacity

Provide:

- The number of paid staff and volunteers
- A brief description of the roles and responsibilities of those who will support the planning, implementation, financial management, and reporting of the proposed project

4. Funding & Experience

- Does your organization currently receive funding for seniors' programs from other sources (e.g., Seniors Active Living Centres, New Horizons for Seniors Program, Seniors Community Engagement Grant). If yes, please specify.
 - Please note that organizations which receive multiple streams of funding remain eligible for this program but will be required to report on project activities directly funded by this program.
 - Example: An organization has received \$20,000 from the Seniors Community Engagement Grant and \$10,000 from Enhancing Seniors Inclusion (ESIG) for the same project; the quarterly activity reports must include activities directly funded by ESIG. If 90 individuals attended an activity and a third of the financial support was provided by ESIG, report "30" under individuals served.

Has your organization previously received funding from WoodGreen's Enhancing Seniors Inclusion Grant Program? If yes, please provide details.

A5. Outreach Strategies for Engaging Isolated Seniors

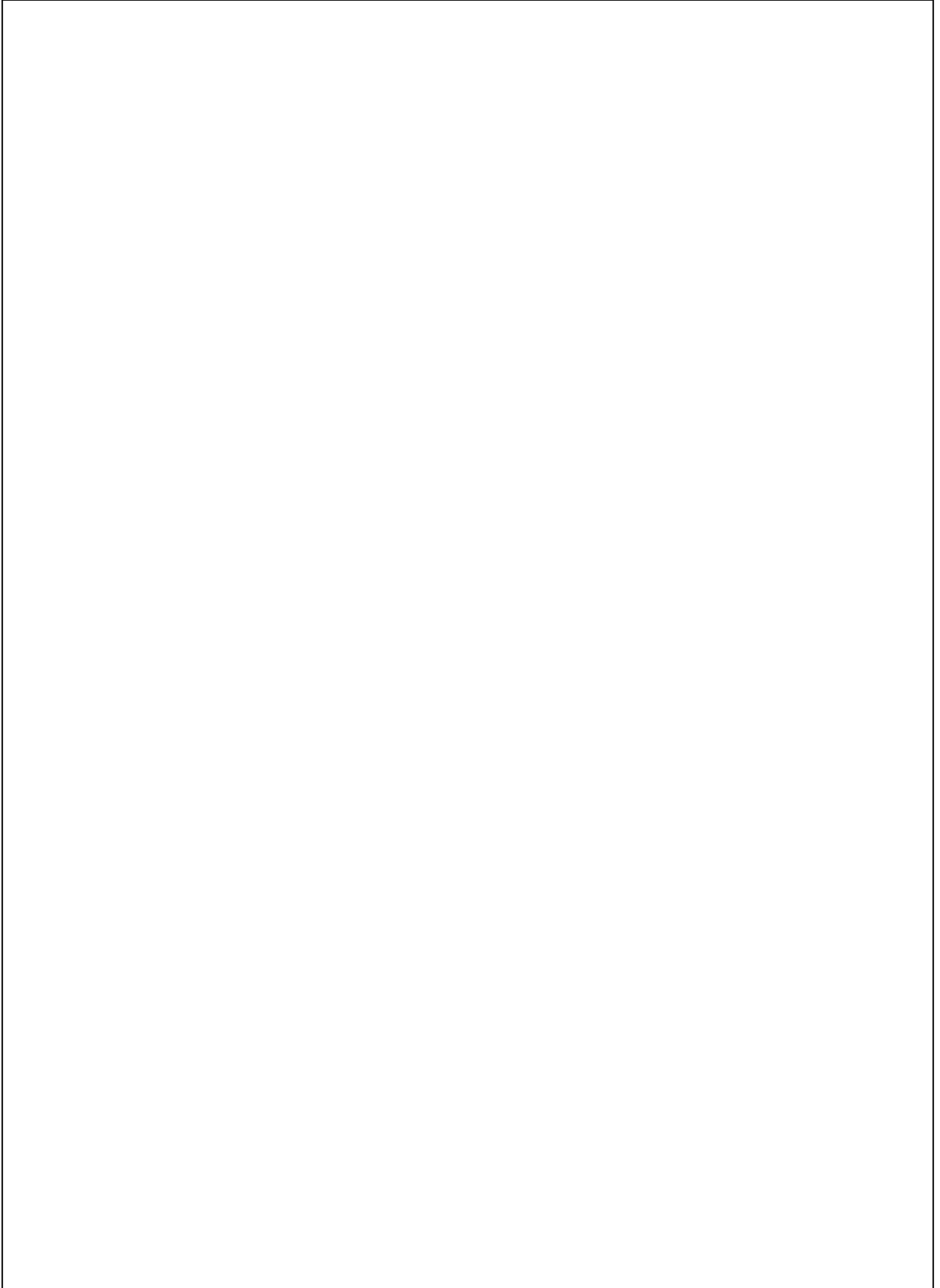
Please outline how your organization currently engages, conducts outreach, and provides support to isolated seniors in your community.

SECTION B: PROJECT INFORMATION

Project Title	
Planned Project Start and End Dates	
Total Requested Amount:	
Estimated Number of Seniors to Be Served	

B1 Project Description

Briefly describe your project's purpose and goals. Include how the idea originated, where, who will manage it, the target population, expected benefits, and how seniors will be involved.



B2. Funding Priority

Funded projects must meet at least one of the following priorities. Please refer to the ESIGP Guidelines for definitions and examples of each priority.

- Volunteerism & Leadership / NORC Development:**
- Health & Wellness**
- Safe Aging Initiatives**
- Emotional Support & Social Connection**

B3. Priority Alignment

Priority Population Engagement:

Explain how the project reduces barriers and promotes cultural safety, accessibility, and inclusion, and how the proposed activities align with this priority.

B4. Priority Groups Served

Please indicate if your project serves any of the following groups:

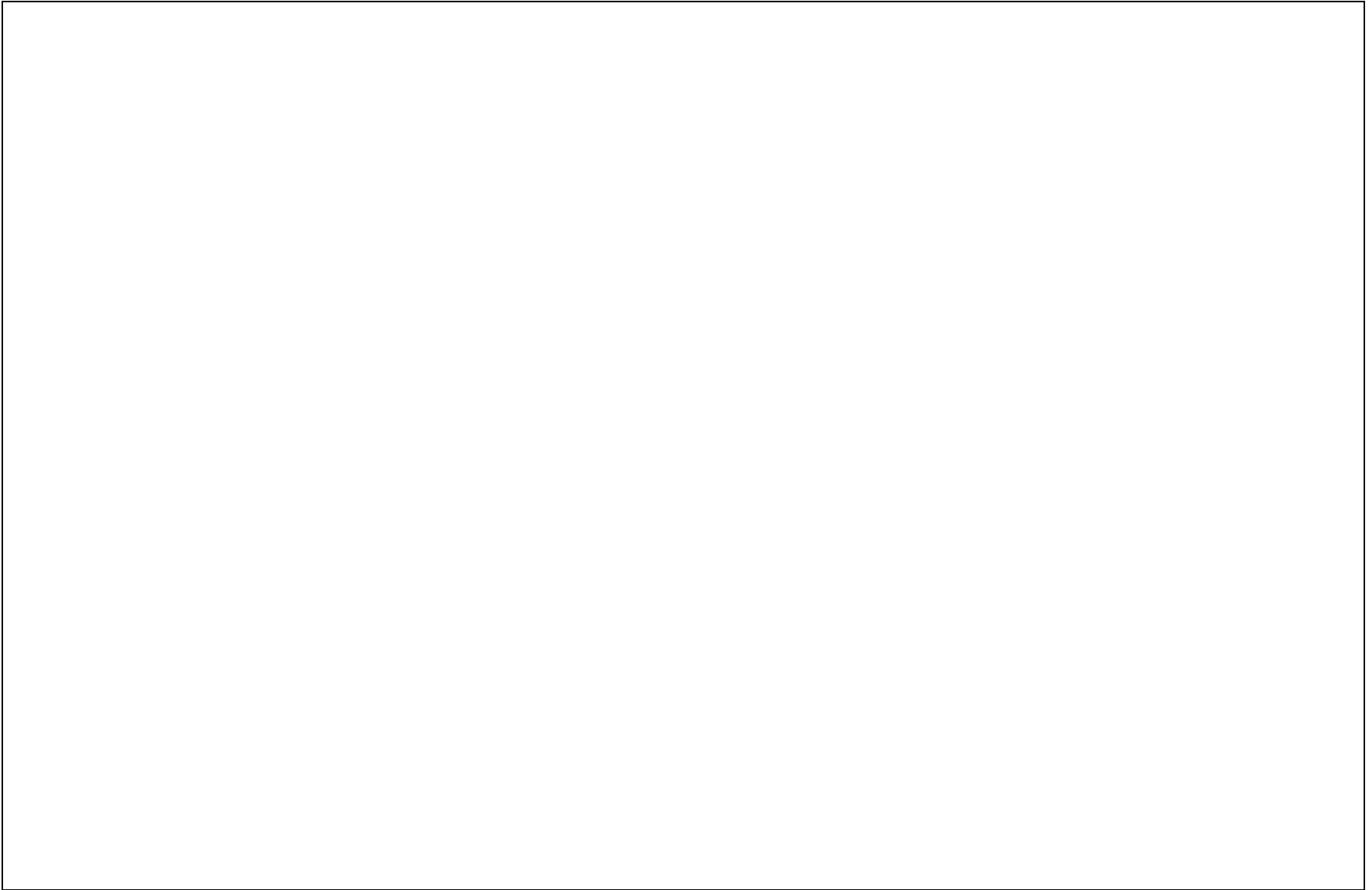
Please check all that applies.

- Indigenous seniors
- Seniors with disabilities
- Low-income seniors
- Newcomer, immigrant, or ethnic minority seniors
- 2SLGBTQIA+ seniors
- Veteran seniors

Expense	Description (Please break down costs where applicable and be as specific as possible)	Cost Breakdown	Notes	Total amount (including)
TOTAL BUDGET:				

C2. Budget Item Description and Justification

Describe each budget item and explain how it supports the proposed project activities. Provide detailed descriptions of each cost and its purpose.



C3 Project Contributions and Additional Funding

List any in-kind contributions (including partner contributions) and describe any other sources of income or funding supporting the project, if applicable.

SECTION D: MONITORING & EVALUATION

D1. Evaluation and Data Collection

Describe your monitoring and evaluation approach.

Include how data will be collected (e.g., surveys, focus groups, logs), tools used, and how impact will be measured. Be sure to include how participants' feedback is integrated and outcomes tracked.

D2. Project Sustainability

What are your plans to sustain or continue the project after the grant period ends? (if applicable)

SECTION E: TRUSTEE/PARTNER INFORMATION (if applicable)

E1. Trustee/Partner details

If your organization is not incorporated, a Trustee Organization is required. Please include the full name and signature of the Trustee Organization in your application.

Trustee/Partner Organization Name	
Nature of Partnership (e.g., co-delivery, shared space, Trustee)	
Trustee/Partner responsibilities	
Value added by the partnership	
Trustee/Partner Organization Signatory	
Position/Title	
Signature	
Date	

SECTION F: ATTESTATION

For your application to be eligible, an official representative(s) who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must complete this section of the application. By doing so, you are attesting to the following points:

- I/ We declare that I/We have the capacity and authority to submit this application for funding on behalf of the applicant organization.
- I/We declare that the information conveyed in this application and any supporting documentation is true, accurate, and complete to the best of my/our knowledge.
- I/We declare that I/We have read the Applicant Guide and understand the requirements of Enhancing Seniors Inclusion Grant.

By applying, the applicant consents to the collection, use and disclosure of information contained within this application.

Applicant Organization	
Name of Primary Signatory	
Position/Title of Primary Signatory	
Name of Secondary Signatory (mandatory second contact)	
Position/Title of Secondary Signatory	
Signature of Primary Signatory	
Date	
Signature of Secondary Signatory	
Date	