

Huff Family Fund Application Form 2025

The Huff Family Fund was established in 2017 and launched in 2018. It is a commitment to the future of Prince Edward County. It will focus on projects and programs based in Prince Edward County, serving Prince Edward County people.

This grant is a matching one. For each requested dollar there must be at least one matching or in-kind contribution of the same amount. Volunteer time, and other grants are eligible for matching purposes, but must be verifiable. For example, if the request from The Huff Family Fund is for \$7,200 then there must be at least \$7,200 in matching and in-kind.

| Name of Project: | | | |
|------------------------|--|------------------------|---------------------------|
| Organization Name: | | | |
| Do you have a charitab | le business number? ☐ Yes | ☐ No – We are workir | ng with a partner. |
| Name of Partne | er (if applicable): | | |
| Charitable Business Nu | mber: | | - |
| Organization Mailing A | | | |
| | Provir | | |
| Contact Name: | | | |
| Phone: | Emai | l: | |
| | ding for a single year or multi uest up to \$30k and multi-year g | . • | for 3 years (\$10k/year). |
| ☐ Single Year | ☐ Multi-Year (2 Years) | ☐ Multi-Year (3 Years) | |

| Amount Requested (2025): |
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| Amount Requested (2026): |
| Amount Requested (2027): |
| Can the project still move forward if only partial funding could be awarded? Please be aware that if you select "no" and if your full funding request cannot be met then you may not receive any funding and your request could be declined. |
| □ Yes □ No |
| Areas of Interest (check all that apply): |
| \square Addiction & Mental Health \square Animal Welfare \square Arts & Culture |
| \square Health Care & Human Services \square Housing Issues |
| \square Education & Learning \square Food Security \square Transportation |
| Project Description (500 words or less): |
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| low will a grant from the | | | | |
|------------------------------|---------------------------|------------------------|------------------------|-----------------|
| lease describe the challenge | or the opportunity that o | an be made better as a | a result of a Huff Fam | nily Fund Grant |
| 500 words or less). | | | | |
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| Community Needs How will the activity or service meet a community need? (500 words or less) |
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| roject Schedule & Timelines | |
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| What are the key dates and expected timeline of your project? (500 words or less) | |
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| Objectives | |
| lease be specific. What are the key objectives, outcomes and expected impacts of the project and how you wi | ill |
| neasure the success? (500 words or less) | |
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| Huff Fund Recognition How would you recognize The H | Huff Family Fund | and The County Foundation for their support? (500 words or less) |
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| Required Document - Project Budget |
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| Be specific about where the money requested under this grant will be spent and please show matching funds or equivalent. If requesting multi-year funding, please include the budget for each year requested. |
| If you are requesting funding for more than one year please include the budget for the years requested. An annual update will be required before a subsequent year of funding is advanced. |
| Required Document - Financial Statements |
| Please provide your most recent Financial Statements (unaudited will do) demonstrating you meet the General Granting Conditions. |
| Supplementary Docs – You are welcome to submit up to 2 optional supplementary documents along with your application. |
| 1) If you are not a Qualified Donee but working in partnership with one then please submit your partnership agreement letter as one of these documents. |
| 2) If your project involves working with anyone in the vulnerable sector then please submit your organization's current policy regarding maintaining up-to-date vulnerable sector checks for staff and volunteers as one of these documents. |
| Declaration of applicant: |
| All information is truthful, fair, and complete. |
| □ I am authorized, by my organization, to bind it through the submission of this application. □ I understand that if chosen, further information and/or a meeting may be required to complete |
| the process. I understand that a follow-up report at the end of the proposed timeline is required. |
| |
| SIGNATURE: |

| DATE: | | | |
|-------|--|--|--|
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Applications are due: September 10th, 2025 @ 4pm

Applications can be submitted electronically using the submit button; applications can also be printed, scanned, and emailed to info@thecountyfoundation.ca (you will receive an email confirming receipt within 48 hours); or drop off by hand to Unit 107, 35 Bridge St., P.O. Box 24, Picton, ON.

A post project report is a requirement of this grant. It must be received within one year of the grant being announced, or two months following the end of the project – whatever is sooner.

For any questions related to the application, please reach out to info@thecountyfoundation.ca.