

CRD GRANT PROPOSAL REVIEW

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SECTION 1: APPLICANT AND GRANT INFORMATION									
CRD DEPT.		SERVICE NAME: CONTACT YOUR FINANCIAL ADVISOR TO ENGAGE THEM IN YOUR PROPOSAL.						SERVICE NO.:	
WHAT SERVICE TYPE COULD BENEFIT?		WHICH ELECTORAL AREA?		IF THE PROJECT IS IN AN ELECTORAL AREA, LIST THE COMMUNITY(IES) THAT WILL BENEFIT.					
GRANT PROGRAM NAME								APPLICATION DUE (MM/DD/YYYY)	
PROPOSED PROJECT TITLE						PROJECT TYPE			
DESCRIBE THE OUTCOME OF THE PROJECT:									
SECTION 2: ALIGNMENT AND IMPACT – Is it a Good Fit for the CRD?									
Grants can provide timely additional resources to advance organizational goals. The pursuit of a grant opportunity must, however, be carefully reviewed to check for potential impacts that can have unexpected and unintended consequences. Some grants are straightforward; others are more complex. The questions below help sort everything out for well-informed action.									
ALIGNMENT WITH A CRD BOARD PRIORITY?			ALIGNMENT WITH A CORPORATE PRIORITY?			ALIGNMENT WITH THE REGIONAL GROWTH STRATEGY?			
ALIGNMENT WITH THE SERVICE PLAN?			ALIGNMENT WITH THE CAPITAL PLAN?			ALIGNMENT WITH THE ASSET MANAGEMENT PLAN?			
IF THE PROJECT ALIGNS WITH A DEPARTMENTAL / DIVISIONAL STRATEGIC PLAN, PLEASE SPECIFY WHICH ONE:									
THE TIME-RELATED QUESTIONS BELOW ARE SEEKING APPROXIMATIONS. FOR AN EXPLANATION OF CONTEXT/METHODOLOGY, CLICK HERE .									
HOW MANY HOURS, <u>APPROXIMATELY</u> , WILL PREPARING THE GRANT APPLICATION TAKE?					HOW MANY HOURS, <u>APPROXIMATELY</u> , WILL GRANT ADMINISTRATION TAKE IF AWARDED?				
1-10	11-30	31-50	51-70	71-90	91-110	111-130	131-170	171+	1-10 11-30 31-50 51-70 71-90 91-110 111-130 131-170 171+
GRANT REQUEST:		CRD COSTS: ELIGIBLE AND INELIGIBLE		TOTAL PROJECT COST (EST.)		MAIN SOURCE OF CRD FUNDING SHARE		EVIDENCE OF SECURED FUNDS	
WHAT IMPACT WILL THE APPLICATION EFFORT HAVE ON THE YOUR SERVICE'S WORKPLAN?						WHAT IMPACT WOULD RECEIVING THIS GRANT HAVE ON YOUR SERVICE'S WORKPLAN?			
IF APPLYING FOR THE GRANT HAS AN IMPACT RATING OF 2 OR 3, IDENTIFY YOUR SERVICE'S WORKPLAN ADJUSTMENTS NEEDED TO ACCOMMODATE THE GRANT APPLICATION EFFORT.									
IF BEING AWARDED THE GRANT HAS AN IMPACT RATING OF 2 OR 3, IDENTIFY YOUR SERVICE'S WORKPLAN ADJUSTMENTS NEEDED TO ACCOMMODATE PROJECT IMPLEMENTATION.									
WHAT TYPE OF OBLIGATIONS WOULD GETTING THE GRANT IMPOSE ON THE CRD:									
IF THE CRD OBLIGATIONS ARE TYPE 2, DESCRIBE ADJUSTMENTS TO THE SERVICE'S WORKPLAN OR ANY OTHER MEASSURES NEEDED TO ACCOMMODATE THESE OBLIGATIONS.									
WHAT SPILLOVER BENEFITS, ABOVE AND BEYOND THE GRANT PROGRAM OBJECTIVES , COULD RESULT FROM THIS GRANT EFFORT? SEE INTANGIBLE BENEFIT EXPLANATION HERE .									
INNOVATION		PARTNERSHIP/COLLABORATION		SUPPORT OF RURAL COMMUNITIES			MITIGATION OF A SEVERE RISK		

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SECTION 3: ASSET MANAGEMENT REVIEW: For projects that relate to new or renewed assets This section is oriented to infrastructure assets and may not apply to a project relating to natural assets. To respond, type or choose 'Not applicable' as needed. Space is provided below for commentary related to natural assets and eco-system services.		
FOR WHAT YEAR IS THE ASSET IN THE CAPITAL PLAN?	DOES THE ASSET HAVE AN ASSET MANAGEMENT PLAN?	WHAT IS THE ASSET'S REMAINING SERVICE LIFE?
WHAT IS THE ASSET'S CONDITION RATING?		WHAT IS RISK OF ASSET FAILURE?
USE THIS SPACE, IF REQUIRED, TO ELABORATE ON ASSET MANAGEMENT CONSIDERATIONS YOU THINK NEED TO BE HIGHLIGHTED (E.G.: COMMENTS RELATING TO NATURAL ASSETS)		
SECTION 4: THINK LIKE A FUNDER: What makes the project a great fit for the grant program?		
DESCRIBE FEATURES OF THE PROPOSED PROJECT THAT MAKE IT A GREAT FIT TO ACHIEVE THE GRANT PROGRAM'S OBJECTIVES AND EVALUATION CRITERIA.		
SECTION 5: ATTESTATION AND APPROVALS In this section, the Project Lead attests to the accuracy of the information submitted in this form and forwards it for review and approval according to Departmental practices. The form makes room to customize approval processes to suit Divisional / Departmental needs. Completed forms are sent to the CRD Corporate Asset and Grant Management Analyst .		
PROJECT LEAD ATTESTATION		
I CERTIFY THAT THIS PROPOSAL PROVIDES A TRUTHFUL AND ACCURATE REPRESENTATION OF THE PROJECT; I HAVE REVIEWED THE GRANT PROGRAM GUIDE CAREFULLY AND ATTEST THAT AN APPLICATION FOR THIS PROJECT CAN MEET ALL THE GRANT PROGRAM REQUIREMENTS; I ATTEST THAT THE SERVICE CAN AMEND ITS WORKPLAN TO ALLOCATE THE RESOURCES NEEDED FOR OUTCOME ACHIEVEMENT WITHIN THE PROGRAM TIMELINE; I HAVE IDENTIFIED, IN CONSULTATION WITH MY MANAGER, ALL IMPACTS /OBLIGATIONS ENABLING SENIOR MANAGEMENT'S INFORMED CONSIDERATION OF THIS PROPOSAL.		
NAME	TITLE	DATE (MM/DD/YYYY)
MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT		
NAME	TITLE	DATE (MM/DD/YYYY)
SENIOR MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT		
NAME	TITLE	DATE (MM/DD/YYYY)
GENERAL MANAGER AUTHORIZATION TO PROCEED WITH THE PROPOSED PROJECT		
NAME	TITLE	DATE (MM/DD/YYYY)
THANK YOU FOR YOUR TIME AND THOUGHTFUL ATTENTION TO THIS ASSESSMENT PROCESS. ONCE THE REQUIRED APPROVALS FOR THIS PROPOSAL ARE SECURED, THE PROJECT LEAD SENDS THE APPLICATION TO CRD Corporate Asset and Grant Management Analyst		