

**2018/2019 COMMUNITY ACTION PROJECT (CAP)**

**Application Form**

**Please return your application form by fax (807.577.4837), email ([cap@leadershiptb.com](mailto:cap@leadershiptb.com)) or by mail (Leadership Thunder Bay, P.O. Box 28003, Thunder Bay, ON P7E 6R5) no later than June 30, 2018.**

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| **Organization Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **Email Address** |  |
| **Website** |  |
| **Contact Person** |  |
| **Secondary Contact** |  |

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| **MISSION STATEMENT OF YOUR ORGANIZATION:** |
| **DESCRIPTION OF PROJECT:** *Provide a description of the innovative initiative that you are proposing for a CAP. Briefly outline the key components of the project. How is this an experiential civic leadership opportunity? How will it contribute to advancing leadership skills? How will it support the active pillars of Leadership Thunder Bay’s values of developing, strengthening and connecting leaders to and within our community.* |
| **GOALS OF PROJECT:** *Provide a clear explanation of the expected goals for engaging a team of Leadership Thunder Bay participants. What would you hope to accomplish through this engagement?* |
| **ANTICIPATED BENEFIT OF LEADERSHIP THUNDER BAY INVOLVEMENT:** *Provide an explanation of how you and/or your organization would utilize the Leadership Thunder Bay CAP Team’s , and how you believe this will make a difference to our community. What would be the ideal number of team members to plan and executive the project?* |
| **EXPECTED OUTCOME OF THE PROJECT:** *Provide an explanation of how we will know if the project or initiative is a success: how might we measure the impact of Leadership Thunder Bay’s involvement with this initiative? If possible, provide an example of your standards of measurement or evaluation tool.* |
| **RELEVANT BACKGROUND INFORMATION:** *Provide information about your organization that will assist the application* |
| **COSTS:** *Confirm that all costs associated with the project are the responsibility of the host organization. You are encouraged to share your budget allocations with your CAP Team.*  **Confirm Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_** |
| **The decision to accept (or not) your application will be made by the Class of 2018/2019 participants at their Retreat being held Friday September 14, 2018 at the Shebandowan Wilderness Adventure Camp. It is important that the explanation of your project is very clear and the duties/responsibilities of the CAP Team are outlined so they are able to judge your submission with as much information as possible.**  **You will be informed immediately following the Retreat if your application has been accepted. If so, it is recommended that a meeting with your contact person for the project and members of the CAP Team hold their first meeting no later than October 1st to review the project goals/objectives and responsibilities of both groups (CAP Team and your organization).** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Official Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**CONTACT FOR LEADERSHIP THUNDER BAY**

**Cindy Nelson**

Chair, Community Action Project Committee

[cap@leadershiptb.com](mailto:cap@leadershiptb.com)

807-632-1722

**Leadership Thunder Bay**

**P.O. Box 28003**

**Thunder Bay, ON P7E 6R5**

**807-577-2807**