

At BCM Insurance Company, we are dedicated to making a positive impact in the communities where we live and work. The BCM Community Grant Program has been live since 2019, and is intended to provide financial support to local organizations that are working to improve the quality of life in their communities. We believe that by working together, we can create a better future for everyone.

For the **2026** grant year, BCM Insurance is offering \$50,000 in total funding. BCM will offer \$5,000 to ten (10) organizations who meet the eligibility requirements.

The eligibility criteria for applying to the Community Grants Program are as follows:

1. **Type of Organization:** Eligible organizations must be registered charities or non-profit organizations in Canada with an annual operating budget of less than **2.5 million** dollars. These organizations must be dedicated to serving the public good and advancing societal well-being.
2. **Geographical Location:** Applicant organizations and their charitable events must be situated and actively operating within the Niagara Region or Haldimand County. (See territory map below).



3. **Nature of Events:** We welcome applications for events such as trade shows, charity events, fundraisers, and other similar event initiatives. Please note, however, that funding for capital assets (e.g., land, property, equipment) is not within the scope of this program.
4. **Alignment with Program Focus Areas (Core Pillars):** To ensure that funding is directed toward initiatives that produce measurable and meaningful community impact, all applicants must demonstrate alignment with **one or more** of the

programs Core Pillars outlined below. Applicants that do not clearly align with at least one pillar will not be considered for funding.

- A) **Environment & Sustainability:** Initiatives that support environmental stewardship, conservation, sustainable practices, and the enhancement and protection of natural spaces.
 - B) **Literacy & Education:** Initiatives that improve access to learning, strengthen educational outcomes, build essential skills, or promote literacy across multiple age groups.
 - C) **Health & Wellbeing:** Initiatives that contribute to the physical, mental, or social well-being of community members, including initiatives that promote safety, recreation, and healthy living.
 - D) **Community & Growth:** Initiatives that strengthen community connection, cultural inclusivity, local heritage, or support the long-term vitality and resilience of Niagara and Haldimand communities.
5. **Proven Effectiveness:** Organizations should have a demonstrable history of successfully implementing programs and delivering services that positively impact the community.
 6. **Community Contribution:** Applicants must clearly illustrate how their project will contribute to BCM's core objectives, encapsulating our vision for community enhancement.
 7. **Financial Need and Utilization:** There should be a transparent and compelling justification for the financial support requested, along with a detailed plan for the fund's utilization.
 9. **Reporting and Accountability:** Grant recipients are required to agree to provide thorough and timely reports on both the allocation of the funds and the impact achieved by the project.
 10. **Timely Fund Utilization:** All granted funds must be allocated and utilized within the same calendar year of receipt, ensuring prompt and effective community benefit.

Applicant Acknowledgment

Please confirm that you have reviewed the Community Grant Program's criteria and that your application meets all eligibility requirements.

- Yes** – I acknowledge that I have read and understood the programs criteria, and my application aligns with the require pillars and eligibility guidelines.
- No** – My application does not meet the programs required criteria.

Grant applications are reviewed by the BCM Community Grant Committee. It is this committee who has the final decision of the chosen organizations. Based on the volume of submissions, it is not guaranteed that all applicants will receive grant dollars.

BCM Insurance Grant Program Application

Section 1 – Organization & Background

Name of organization:	
Mailing address:	
Website address:	
Name of main contact at organization:	
Phone number:	
Email address:	
Organization's annual operating budget (past year):	
Number of full-time employees:	
Does the event to which you are applying for take place in the Niagara Region or Haldimand?	
Event Name	
Event Proposed Date	
Event Address	
Who is the core audience, attendee, participant, etc. for your Project / Special Event?	

BCM Insurance Grant Program Application

Section 2 – Grant Impact

Please describe how you measure your impact (i.e. "we provided households 500 LBS of healthy food while reducing carbon emissions by 1%")

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What is your Project / Special Event / Organization strategic mission or purpose?

Which Core Pillar(s) does your project align with? (Select all that apply)

- Environmental & Sustainability*
- Literacy & Education*
- Health & Well-Being*
- Community & Growth*

In 250 words or less describe how your project aligns with the selected pillar(s)

How did you determine the need?

How many people do you estimate will be impacted by the project and in which municipalities?

How will you measure success of the event?

If successful with this request, what opportunities are there for BCM to promote our brand with this project?

BCM Insurance Grant Program Application

Section 3 – Sponsorship Reach

How many people do you expect to attend this event?	
How many people do you expect to reach via social media, advertising or other means?	
What is the estimated media coverage of the event/activity?	
How many other sponsors will be a part of this event? Will there be any other insurance companies involved?	
What is your expected total to be received through sponsorships or grants for this specific event?	

Please email completed application form to:

- Brett Singleton, Marketing Specialist, BCM Insurance
- bsingleton@bcminsurance.com

By submitting this application, we certify that the information provided is accurate and complete to the best of our knowledge.

Signing Officer Name: _____

Signature: _____

Date: _____