



Municipal Grant Application

Please ensure that you provide full, complete and clear answers to the questions on this form. Failure to provide the required information may result in your group being ineligible. Missing or unclear information may result in the application being delayed or rejected.

Part A – Community Agency/Organization Information

Name of Community Agency/Organization

CONTACT PERSON

TELEPHONE NO.

EMAIL

MAILING ADDRESS

Part B – General Information

Number of Members _____ Membership Fee, if applicable _____

Type of organization (ie. Registered Charity, Non-Profit, no status, etc.)

Incorporated as Non-Profit Organization Yes No

Outline the mission statement, purpose and objectives of your organization.

Part C – Grant Request

Under what classification are you requesting a Grant?

COMMUNITY/SPECIAL EVENTS GRANT

IN-KIND CONTRIBUTION GRANT
(Provision of facilities, materials or resources)

AMOUNT OF GRANT REQUESTED \$
Or
IN-KIND SERVICE REQUESTED

LAST REQUEST FOR ASSISTANCE:

Date: _____ Amount \$ _____ Received \$ _____

In-Kind Services Received:

PURPOSE OF GRANT

(Provide an overview of the service your organization provides to the community, please include the benefits the community would receive as a result of this grant.)

Part D – GRANT FUNDING

PROJECT FUNDING:

(Indicate what other sources of funding has been received or applied for.)

- | | |
|------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Senior levels of government | <input type="checkbox"/> United Counties of S.D. & G. |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Other Sources (please specify) |
| <input type="checkbox"/> Donations | |

Please provide specific details:

WILL THE MUNICIPALITY BE THE PRIMARY FUNDING SOURCE OF THIS SERVICE/PROGRAM? YES NO

If application is for a Special Event, please answer the following:

1. How many participants are expected? _____
2. How large an attendance/audience is expected? _____
3. Will there be a charge to participate? _____

What may be the implications if a Municipal Grant of In-Kind Services is not approved?

APPLICATION CHECKLIST

Copies of the proposed and current year's budgets, detailing expenditures and revenues, including other grants and other sources of revenue, must be submitted with this request.

- | | | | |
|---------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|
| Current Budget | <input type="checkbox"/> | Proposed Budget | <input type="checkbox"/> |
| Board of Directors Listing | <input type="checkbox"/> | AGM Minutes | <input type="checkbox"/> |
| Statement of Revenue and Expenditures, signed by 2 directors <input type="checkbox"/> | | | |

APPLICATION AUTHORIZATION

Signed on behalf of the organization by authorized officers:

Signature

Position

Date

Signature

Position

Date

IN-KIND SERVICES (Please complete & attach to application)

Administration	Description of Services Required	Costs, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Administration Services		
Planning & Enforcement	Description of Services Required	Costs, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Planning & Enforcement Services		
Public Works	Description of Services Required	Costs, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Public Works Services		

Recreation and Facilities	Description of Services Required	Costs, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Recreation and Facilities Services		
Other	Description of Services Required	Costs, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Other Fees		
Total In-Kind Services		

Signed on behalf of the organization by authorized officers:

Signature

Position

Date

Signature

Position

Date