

MUNICIPAL GRANT APPLICATION

Consideration for Municipal support

Submission Date:

Please ensure that you provided full, complete and clear answers to the questions. Failure to provide required information may result in your organization being ineligible.

Please see the list of additional information required at the bottom to ensure your application is complete.

A - APPLICATION INFORMATION

Application Date	
Name of Community Agency/Organization	
Contact Person	
Email	
Cell	
Mailing Address	

B - GENERAL INFORMATION

Type of organization (ie. Registered Charity, Non Profit, no status etc.)
Outline the mission statement, purpose and objectives of your organization.

C GRANT REQUEST

Under what classification are you requesting a Grant?

COMMUNITY PROJECT GRANT
COMMUNITY EVENT GRANT

IN-KIND SERVICES (use of municipal property, facilities, equipment)

AMOUNT OF GRANT REQUEST			
\$ _____		ONE-TIME ASSISTANCE	
IN-KIND - list of required resources		ONE-TIME ASSISTANCE	
HAS YOUR ORGANIZATION RECEIVED A MUNICIPAL GRANT IN PREVIOUS YEARS		- YES	- NO
AMOUNT OF GRANT PREVIOUSLY RECEIVED	YEAR(s) _____		
\$ _____	IN-KIND _____		

Is the event/project open to all Residents of the Municipality of Greenstone? YES NO

PROJECT FUNDING/PARTNERSHIPS:	(INDICATE OTHER SOURCES RECEIVED OR APPLIED TO)
Other levels of government	Fundraising events
Donations	Other
Please provide specific details (List other funders, name of funding partners that are collaborating with your group)	
WILL THE MUNICIPALITY OF GREENSTONE BE THE PRIMARY SOURCE OF FUNDING	-YES -NO

How will the funds be used to support your project or operations?

How does this funding request relate to Council's strategic priorities?

How will the use of these funds benefit the residents of the Municipality of Greenstone? (target audience)

How has the need for this service/project been determined?

How will you measure and evaluate the benefits of your service/project/program?

What might happen if funding is not approved?

D - APPLICATION CHECKLIST

Please confirm below that your organization has provided the following information attached with your application:

Board Information

Board of Directors/Executive (List of Names)

YES

NO

Copy of the most recent AGM Minutes if applicable

YES

NO

N/A

Financial Information

Current Year's Operating Budget

YES

NO

Proposed Budget of Project/Event

YES

NO

Financial Statement included

YES

NO

E - SIGNATURE OF AUTHORIZED OFFICIALS

We the undersigned, certify that to the best of our knowledge the information provided is accurate and complete.

Signature

Title

Date

Signature

Title

Date

COMMUNITY EVENT (In-kind Services) APPENDIX A

Park Services	Description of Services Required
Labour	
Equipment	
Material	
Other	
Recreation Services	Description of Services Required
Labour	
Equipment	
Material	
Facilities	
Other	
Other	Description of Services Required
Other (please specify)	
Public Works	Description of Services Required
Labour	
Equipment	
Material	
Other	