

TOWNSHIP OF NORTH STORMONT 2019 Municipal Grant Application

Application Due Date – October 31, 2018

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. <u>Missing or unclear information may result in the application being delayed or rejected.</u>

Use a combination of this form and support sheets as appropriate. Please label your attachments according to the section it relates to.

Part A – Community Agency/Organization Information

Name of Community Agency/Organization:

Contact Person:	Telephone No
Mailing Address:	
 Email	Website
Part B – General Information	
Number of Members	Membership Fee, if applicable
Type of organization (ie: Registere	d Charity, Non-Profit Organization, etc.)
Registration #:	
Incorporated as Non-Profit Organiz	
Outline the mission statement, pur	pose and objectives of your organization.

Part C – Grant Request

Under what classification are you requesting a Grant?

_____ Corporate Grant (annual operating budget)

_____ Community Project Grant (One-time assistance)

Amount Of Grant Request: \$_____

Expressed as a percentage of the total revenue for your organization? %_____

Has your organization received a municipal grant in previous years? _____Yes _____No

Amount of previous grant received \$_____

Purpose of Grant

Provide an overview of the service your organization provides to the community and how this supports the Township's Strategic Priorities. Please include the benefits the community would receive as a result of the grant.

Project Funding (indicate what other source funding has been received or applied for. Use a separate sheet if necessary)

____ Senior levels of government _____ United Counties of SDG

____ Fundraising events

_____ Other sources (please specify)

____ Donations

Please provide specific details:

Will the Township of North Stormont be the primary funding source of this service/program?

___Yes ___No

What may be the implications if a municipal grant is not approved?

Application Checklist

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

____ Current Budget ____ Proposed Budget ____ Board of Directors Listing

____ Statement of Revenue and Expenditures, signed by 2 Directors _____ AGM Minutes

Sample Budget format to be us	sed to demonstrate			
	2017	2017	2018	2019
	Actual	Budget	Projected to Year-End	Request
REVENUE				
Township of North Stormont				
Program Revenue				
Donations/fundraising				
Other (specify)				
EXPENDITURES				
Salaries & Wages				
Materials & Supplies				
Services & Rents				
Other				
Capital Expenditures				
Surplus / (Decifit)				

Part D – Signature of Authorized Official(S)

Signed on behalf of the organization by officers:

Signature	Position	Date
Signature	Position	Date

NOTE: The <u>release</u> of all grant funds is contingent upon the Township receiving a copy of your financial statements for the previous year as well December 2018 bank statements (if your financial statements do not clearly identify Township funding request, please use the notes to indicate in which revenue category Township funding is included.) All grants are subject to Council approval

Submit by mail or email the completed original application and supporting documents to:

Township of North Stormont – Finance Department 15 Union Street P.O. Box 99 Berwick ON KOC 1G0 Email: finance@northstormont.ca

Any application received after due date October 31, 2018 will not be considered