



# PROJECT/OPERATIONS GRANT APPLICATION FORM

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## 1. The Applicant

- a) Name: \_\_\_\_\_
- b) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- c) Contact Name and Phone Number: \_\_\_\_\_
- d) Applicant Status: (please check appropriate box)  
 Community Group       Non-Profit Organization

## 2. THE PROJECT

- a) Name: \_\_\_\_\_
- b) Project Initiation Date: \_\_\_\_\_
- c) Project Completion Date: (Please note, a final report is required within 90 days of this date.)  
\_\_\_\_\_
- d) Project in the area of: (please check appropriate box)  
 Community Services       Arts and Culture  
 Social Services       Environment
- e) Please attach a detailed description of the project.

## 3. DETAIL OF OPERATIONS

- a) Please provide a brief description of your project/operations (attach additional pages if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Please describe how your project/operations enhance and enrich our community (attach additional pages if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

## 4. FINANCIAL

- a) Amount Requested: \$ \_\_\_\_\_
- b) Percentage of total project/operations budget requested: \_\_\_\_%
- c) Period of time funding support is being requested: \_\_\_\_\_.
- d) Please attach a detailed budget of the project/operation which must identify all sources of confirmed and anticipated income including other grants, self-generated revenue, contributions, etc. and all proposed expenses.
- e) If the Applicant is an organization, please attach the latest financial statement.
- f) If applicable, please describe the fundraising initiatives that will be undertaken in order to complete funding requirements.

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**GRANTS-IN-KIND**

Other municipal services requested (i.e. administrative, public works, parks/recreation, use of municipal buildings, etc.)

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**5. VERIFICATION**

The undersigned verifies that the information provided in this application is correct and complete. If the Applicant is an organization, the current president or treasurer must sign the application form.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The personal information requested in this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. The information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Municipal Clerk at 519-236-4351.*

**The following section is for Municipal Administration use only.**

- 1. APPLICATION NO. \_\_\_\_\_
- 2. DATE RECEIVED: \_\_\_\_\_
- 3. DATE OF COUNCIL DECISION: \_\_\_\_\_
- 4. GRANT APPROVED             Yes             No
- 5. AMOUNT OF GRANT: \_\_\_\_\_
- 6. DATE APPLICANT NOTIFIED: \_\_\_\_\_
- 7. DATE LETTER OF AGREEMENT SIGNED: \_\_\_\_\_
- 8. DATE FUNDS DISTRIBUTED TO APPLICANT: \_\_\_\_\_
- 9. DATE FOLLOW-UP REPORT RECEIVED: \_\_\_\_\_