

87 John Street South
Aylmer, Ontario
N5H 2C3



Phone 519-773-5344
Fax 519-773-5334
email thoover@malahide.ca

GRANT FUNDING APPLICATION

Note: Applications to the Township of Malahide for Grant Funding will be accepted no later than October 31 the year prior.

Please print neatly.

Organization name _____

Contact Person _____

Must have signing authority

Position

Telephone numbers _____

Home

Work

Cell

Fax _____ email address _____

Name of Proposal _____

Date of Proposed Event _____ Location _____

Signature of Contact Person _____

Please indicate the support being requested

- Financial Assistance
- Service or Project
- Waiving of Facility Fees for Malahide Community Place or South Dorchester Community Hall
- Staff Support
- Supply of Equipment or Materials
- Insurance Coverage
- Use of Municipal Property or Facilities
- Other (describe) _____

FUNDING AMOUNT REQUESTED: \$ _____

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Details of Request for Assistance

If this application includes any assistance **other than direct financial assistance**, please outline the details of this request (e.g., type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc.).

Proposal Summary

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.

Please check on category that best suits your request for assistance. Refer to the Policy for General Grants for category definitions.

- Tourism/Economic
- Community
- The Arts
- Culture and Heritage
- Other (describe) _____

Note: organizers of parades are required to provide liability insurance in the amount of \$2 million naming the Township of Malahide as additional insured. The cost of obtaining such insurance may form part of any assistance application, along with the necessary Municipal Staff support.

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Community Support

Please describe how your proposal supports the Township of Malahide.

Eligibility

- Are you a non-profit organization?
 Yes
 No
- Please provide your Revenue Canada Charitable Registration Number (if applicable)

- Is your organization located within the Township of Malahide?
 Yes
 No Where? _____
- Will this proposal provide services to the citizens of the Township of Malahide?
 Yes
 No
- Has your organization made any other application to the Township of Malahide for financial assistance during the current year?
 Yes When? _____
 No
- Has your organization received funding assistance from the Township of Malahide in prior years?
 Yes When? _____ Amount _____
 No

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7. Will your organization or another organization be the primary funder of this proposal?
- Yes, our organization
 - Yes, another organization (please name) _____
 - No
8. Will the assistance that the Township provides your organization be utilized **only** by your organization?
- Yes
 - No Name other organization(s) _____

Community Need

1. Please outline what community need is addressed by your proposal.

2. How have you determined the need for your proposal? (Please provide specific data to substantiate this need).

3. What efforts have been made to determine if there are similar programs or services currently being offered in the Township of Malahide?

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4. Outline the community support you have received for your proposal.

5. How does your organization plan to promote or acknowledge the support of the Township of Malahide?

Organization Strength

1. Is your organization governed by a community-based volunteer Board of Directors?
- Yes
 - No

Financial Condition

1. Please note any of your organization's outstanding loans or deficits, if applicable.

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2. Is your funding request due to funding decreases from other partners? (e.g., Federal Government, Provincial Government, etc.).

- Yes
- No

3. What steps have you taken to explore other sources of support?

4. What will be the implications for your proposal if the Township of Malahide does not provide the requested assistance?

5. If your organization's proposal continues beyond the Township's grant period, where do you intend to obtain future support?

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Other Pertinent Information

You are welcome to use the space below to provide any pertinent details about your proposal not covered in the preceding questions.

Thank you for your submission.

Please use the attached checklist to ensure all required documentation has been included.

CHECKLIST

Please confirm below that your organization has provided the required information with your application.

1. Completed Application Date submitted: _____ Yes No

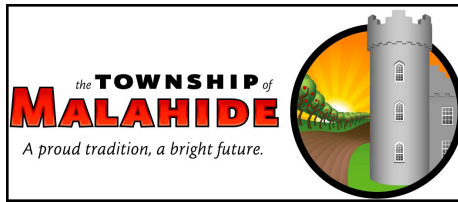
2. Articles of Incorporation or Vision Statement or Mission Statement Yes No
3. List of Current Board Members Yes No
4. Financial Information:
 - a) Previous year's financial statement Yes No
 (reviewed by a professional accountant if assistance request is greater than \$5,000)

 - b) Current year's budget Yes No

5. Letter of confirmation from your Board of Directors showing its approval of this proposal.

Yes No

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