The Township of Malahide APPLICATION FOR ADDITIONAL MUNICIPAL GRANT ASSISTANCE

Submit this form if your organization wishes to request additional funding beyond the approved Minimum Grant Assistance received. Note: completing this form does not guarantee additional grant assistance. Council approval is required.

Grant assistance will not be considered for any non-facility fees (e.g., purchase of ice, insurance costs, additional equipment rentals, Special Occasion Permits, SOCAN fees, 5% Capital Surcharge, taxes, etc.) related to events held in Malahide Community Place or South Dorchester Community Hall.

If Council funding is received, the support of the Township of Malahide must be recognized in a manner approved by the Township.

Effective 2018, applications for grant assistance must be received on an annual basis no later than October 31st of the previous year of the event.

Please print neatly:

-	-			
Name of Organiza	ation			
Primary Contact Person			Position	
Mailing Address	Number	Street	Town	Postal Code
Phone Numbers:	Home		Work	Cell
Email Address:				
Alternate Contact	Person:			
Phone Numbers:		Home	Work	Cell

Please explain the events you are holding and why you are requesting Additional Grant Assistance.

If approved, kindly describe how you will recognize the financial support of the Township of Malahide:

Grant amount requested for the year of _____: \$

Signature of Primary Contact Person

Today's Date