

Community Grants Program Applications should be received in a complete format at a minimum of four (4) weeks in advance of funds being required whenever possible. The Town recognizes that timelines for grants under this category may present a problem for some organizations.

COMMUNITY GRANTS PROGRAM

A. APPLICATION INFORMATION

Description of organization or individual requesting the grant.

1. Name of organization/individual: _____

Incorporation number: _____

Affiliated with a larger organization. If yes please provide name _____

2. Mailing Address: _____

Town: _____ Postal Code: _____

Phone (home): _____ Phone (office): _____

3. Contact Person(s):

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Phone (home): _____ Phone (home): _____

Phone (office): _____ Phone (office): _____

4. List of Executive of organization:

President _____

Vice President _____

Secretary _____

Treasurer _____

(Please attach other officers of your organization on a separate list)

B. GRANT CATEGORY

1. What category of grant are you applying for:

(a) Program Development _____

(b) Festivals/Facility Use _____

(c) Travel _____(See Note Below)

Note:

If you are applying under the travel category, please attach a list of participant names and home addresses at the time of application. Substitutions will be permitted providing the 80% citizenship level is maintained.

2. Amount requested: _____

3. Is this a new program? Yes ____No ____

4. Are you requesting funds from other sources: Yes_____ No _____

Explain if answer is yes:

5. Have you applied for funding in the previous five years? Yes____ No _____

If Yes, when and for what projects?

D. PROJECT BENEFITS

1. Is this a onetime only request? Yes_____ No_____ Explain if answer is no:

2. Will there be a charge to participants? Yes _____ No _____

Comments:

3. Will there be a charge to spectators? Yes_____ No _____

Comments:

4. If your group/project is anticipating a profit, describe how these funds will be used.

5. What area does the activity serve?

- (a) Town of Gananoque
- (b) a specific part of the region
- (c) the entire region

Explain:

6. Whom does your project or activity serve?

- (a) general population of Gananoque
- (b) general population within Region
- (c) specific segments of population

Please fill in the following Project Budget Information

PROJECT BUDGET

Expenditures	Amount	Revenue (sources of)	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total		Total	

AMOUNT REQUESTED FROM THE TOWN: _____

INDIVIDUAL/ORGANIZATION CONTRIBUTION: _____

CHEQUE PAYABLE TO: _____

STATEMENT BY APPLICANT: On behalf of and with authority of the organization, I certify that the information provided on this application for a grant is true, correct, and complete, and that the organization agrees to abide by the program guidelines. I/we hereby agree to provide the Town of Gananoque with a post-project report upon successful completion of the project.

Signature of official signing officer

Date

The legal authority for the collection of this information is the Municipal Act of Ontario. The Town of Gananoque uses this information for the purpose of carrying out its responsibilities under the Act.

TOWN OF GANANOQUE POLICY

COMMUNITY GRANTS PROGRAM – POST PROJECT REPORT

(To be completed and return within sixty (60) days after your event. Failure to return this form will result in the refusal of future grants to your organization)

Applicant: _____

Amount Received: \$ Purpose

of Grant: Success of your

project:

Final Statement of Operations

Expenditures	Amount	Revenue (sources of)	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total		Total	

If your final statement indicates that a profit was achieved, please describe how these funds will be utilized.

If you applied for a travel grant, please attach a list of participant names and home addresses to your final report.

I certify that this report is a true statement of our project.

Name: Signature: _____ (Please Print)

Date: _____

PLEASE RETURN THIS APPLICATION TO:

Melanie Kirkby
Treasurer
Town of Gananoque
30 King Street East
Gananoque, Ontario K7G 2T6
Email: mkirkby@gananoqe.ca
Phone: (613) 382-2149 ext. 1124
Website: www.gananoque.ca