



Town of
**SOUTH BRUCE
PENINSULA**

(<https://southbrucepeninsula.ic12.esolg.ca/en/index.aspx>)

Community Grant Application

Required fields are marked with asterisks (*)

I confirm I have read the full Grant Application Guidelines and Grant Policy, located on the Town website *

Yes

No

The personal information collected on this form or in background material included with your application is collected under the authority of the Municipal Act, 2001 and will be used by Town of South Bruce Peninsula staff and Council for the purpose of reviewing the grant applications and other related administrative purposes. Questions regarding the collection and use of this information may be made to the Town Clerk, 315 George Street, Wiarton ON N0H 2T0 or by telephone at 519-534-1400 ext. 122. during business hours.

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Organization name: *

Contact Name *

Mailing Address *

Telephone Number *

Email Address *

Briefly state your organization's mission and goals:

Please attach a list of your organizational structure, including paid staff positions (do not include personal information such as home address and telephone numbers): *

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Estimated number of volunteers and number of volunteer hours

Please explain how your activity or service will specifically benefit the residents of South Bruce Peninsula and how it is aligned with one or more of the Town's Strategic Priorities:

Is your Organization located in South Bruce Peninsula *

- Yes
 No

Does your Organization provide services in South Bruce Peninsula *

- Yes
 No

Does anyone other than South Bruce Peninsula residents belong to your organization, or benefit from your services/activities? *

- Yes
 No

Please explain

Is your Organization an Eligible Applicant as defined in sections 5.0 and 7.0 of the Community Grant Policy

- Yes
- No

Please explain how your planned activities meet the Community Grant Program eligibility criteria listed in section 4.0, 5.0 and 6.0 of the Town's policy. *

Does the organization operate as an incorporated not-for-profit? *

- Yes
- No

If yes, please provide date of incorporation:

Does your organization operate as a registered charity? *

- Yes
- No

If so, please provide charitable number:

Are fees charged for membership or for any of the services/activities you provide? *

- No
 Yes

If yes, please explain:

Are your activities open to the public at minimal or no charge? *

- Yes
 No

Please explain:

Amount requested for this grant application? *

Please provide a detailed description of activity. *

Please upload a complete budget for the activity for which you are making an application. Please include all revenues and expenses. *

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What goals do you wish to achieve with this funding? *

How do you intend to leverage the Town's support to obtain additional financial and non-financial resources from other sources? *

Please attach your most recent annual (audited) financial statements. If annual audited financial statements are not available, please attach financial statements that have been verified as correct by two signing officers of the organization. Please also, *

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Please attach your Organizations budget for the year in which the funds are being requested. *

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Please indicate any funding requested or received from other levels of government or other agencies, and the status of each application. Please state None, if application. *

Please provide any additional comments regarding your application.

Full name: *

Clear

Position: *

Application Date: *



Submit

Save

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