



Township of Blandford-Blenheim

47 Wilmot Street South / Box 100
Drumbo, Ontario N0J 1G0

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Website: www.blandfordblenheim.ca

COUNCIL GRANT & SUBSIDY APPLICATION

Note: Applications to the Township of Blandford-Blenheim for Grant Funding will be accepted no later than January 31 each year.

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 Plattsville Arena, Community Halls, Parks, Sport Fields and Pavilions
- Other (describe) _____

FUNDING AMOUNT REQUESTED: \$ _____ (maximum \$1,000)

GRANT FUNDING APPLICATION

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 \$5 million naming the Township of Blandford-Blenheim as additional insured.

Community Support

Please describe how your proposal supports the Township of Blandford-Blenheim.

Eligibility

1. Are you a non-profit organization?
 - Yes
 - No

2. Please provide your Revenue Canada Charitable Registration Number (if applicable)

3. Is your organization located within the Township of Blandford-Blenheim?

- Yes
- No Where? _____

4. Will this proposal provide services to the citizens of the Township of Blandford-Blenheim?

- Yes
- No

5. Has your organization made any other application to the Township of Blandford-Blenheim for financial assistance during the current year?

- Yes When? _____
- No

6. Has your organization received funding assistance from the Township of Blandford-Blenheim in prior years?

- Yes When? _____ Amount _____
- No

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 Blandford-Blenheim?

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 Blandford-Blenheim?

Organization Strength

1. Is your organization governed by a community-based volunteer Board of Directors?

- Yes
- No

Financial Condition

1. Please complete schedule "B", Grant Funding Project Forecast with submission. Schedule "C" to be submitted to the Finance Department within 30 days after the project or program is complete.

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 Blandford-Blenheim 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?

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
 - c) Completed Schedule B, Grant Funding Project Forecast Yes No

- 5. Proof of "not for profit" or charitable status Yes No

- 6. Evidence of community support and volunteer involvement Yes No
(ie list of donations and volunteers)

- 7. Is your membership open and accessible to all residents of the Township Yes No