

Community Development Grant Program – Grant Application

Funding Categories: Ongoing Program, Multi-Year Project and Seed Funding

Section 1 – Organization Information					
Organization Name:					
Organization Address:					
Primary Contact Name:			Alternate Contact:		
Phone:			Phone:		
Email:			Email:		
Briefly outline the activities/services provided by your organization:					
Section 2 – Application Details and Rationale					
Please select one funding category and specify the amount requested:					
☐ On-going Program Funding		Amount requested: \$			
☐ Multi-Year Project Funding		Amount requested: \$			
☐ Special or Seed Funding		Amount requested: \$			
Please specify the purpose of the grant funds (project/service/eligible expense)."					
Explain the community need for the proposed funding/service and its alignment with the strategic					
plan.					

Personal information is collected under the authority of the *Municipal Act* 2001, R.S.O. 2001, c. 25 (as amended) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. C. M.56and will be used solely to determine eligibility for the Community Development Grant Program as provided by the Town of Ingersoll.



Section 3 - Organization Financial Details					
Has the organization received any provincial or federal funding in the last 12 months: □ yes □ no					
If yes, provide details:					
List any expected donations, gifts or other contributions for the funding year:					
Complete the following table if the organization has previously received a grant from the Town.					
Year Requested	Amount Received				
	\$				
	\$				
	\$				
	\$				
Section 4 – Information Checklist					
The following documents must be provided for the application to be deemed eligible and complete:					
☐ Names of the Executive Members of the Organization					
☐ A financial report the last year's operations, including investments					
☐ An approved proposed budget for the year of the funding request					
☐ An approved resolution from the organization supporting the funding application					
Section 5 – Statement					
We, the undersigned, declare the information in this application to be accurate to the best of our knowledge.					
Name (please print)	Signature				
Name (please print)	Signature				
Date (mm/dd/yy):					

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Submission Instructions

Please refer to Town of Ingersoll's Community Development Grant Policy for full application details and eligibility criteria. Council's strategic plan is available on the <u>Town's website</u>.

Completed applications must be returned to the attention of the Clerk's Department by September 30 of the year preceding the funding proposal.

clerks@ingersoll.ca

Town of Ingersoll Attention: Clerk 130 Oxford St., 2nd Floor Ingersoll ON

Alternative formats of this application will be made available upon request. Please contact the Clerk's Department by calling (519) 485-0120 or email: clerks@ingersoll.ca Or visit 130 Oxford St., 2nd Floor, Ingersoll, ON.