



Municipal Grants Agent for the Town

TOWN OF GREATER NAPANEE MUNICIPAL GRANTS PROGRAM APPLICATION FORM 2019

AMOUNT REQUESTED: \$ _____

ABOUT YOUR ORGANIZATION

Organization Name: _____

Mailing Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____ Website: _____

Year Established: _____

Your organization's total 2019 Operating Budget: \$ _____

Has your organization previously received a Municipal Grant? Yes No

If answered "Yes": Year _____ Amount: \$ _____ Purpose: _____

Your organization's mandate (Mission Statement):

Contact Person for Discussing This Application:

Name: _____ Title: _____

Phone #: _____ Email: _____

ABOUT YOUR PROJECT

Project Title: _____

Planned Start Date: _____ **Planned End Date:** _____

Main Field of Interest (*check the one that best applies*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Health & Social Services | <input type="checkbox"/> Youth and/or Seniors |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Environment |

Your Project Is A(n):

- Pilot project
- Expansion or enhancement of an existing program
- Enhancement of your organization's capacity (*e.g. purchase of equipment or supplies, training*)
- Other: _____

Please provide a brief description of your project and its objective(s)

ABOUT YOUR PROJECT’S BUDGET

Total Budget: \$ _____

How much will be self-funded? \$ _____

Have you applied, or will you be applying, to other sources for funding? Yes No

If answered “Yes”, please complete and attach “Schedule A”

Total funding (including self-funding) secured up to the date of this application: \$ _____

How will a Municipal Grant be used to support your project?

ABOUT YOUR PROJECT'S EXPECTED IMPACT & SUCCESS

How many people will benefit from this initiative? _____

How many youths (under 18 years of age) will benefit? _____

What will be the measure(s) of your project's success?

THINGS TO NOTE BEFORE FILING YOUR APPLICATION

(Please read carefully)

- ***Applications made to other funders*** seeking monies to support the same project cited in this application may impact a granting decision. Please complete and attach the **DECLARATION** about other funding applications. ***(See attached "Schedule A")***.
- Applications that in any way relate to or may involve a primary and/or secondary school must be accompanied by a **LETTER OF PERMISSION** from the governing School Board. ***(See attached "Schedule B")***
- Successful applicants will be required to complete and submit a **GRANT EVALUATION REPORT on or before January 31, 2020**. Failure to comply with this requirement will bar the applicant from participation in future municipal grants programs. ***(see attached Schedule C")***
- A duly-authorized officer of the applicant organization must sign this application.

The Applicant accepts full responsibility for meeting the requirements set out in this form.

APPLICANT'S AUTHORIZED SIGNATURE: _____

NAME *(Please print)*: _____

POSITION/TITLE: *(Please print)*: _____

Please mail or deliver *one original signed hardcopy* of your application to:
the COMMUNITY FOUNDATION for LENNOX & ADDINGTON
47 DUNDAS STREET EAST
NAPANEE, ONTARIO K7R 1H7
ATTENTION: EXECUTIVE DIRECTOR

Applications will be responded to within 15 business days of their receipt.

NEED HELP FILLING OUT THIS FORM ? CALL 613-354-7333