

Name of Application / Organiza	tion / Service Club /	Community Group	
Contact		Position held	
Person		in	
1 613011		organization	
Mailing		Telephone /	
Address		Cell Phone #	
Email		Website	
Address			
Specifics of Event / Project / Program requesting funds			
Total Project Budget			
Amount of Funda requested fro	um the Municipality (Tor in kind requests, places provide the manetery	
Amount of Funds requested from the Municipality (For in-kind requests, please provide the monetary equivalent of the grant request)			
equivalent of the grant request,)		
Have you applied to the Munici	pality for funding in		
the past?			
Do you want to present your re	quest to Council?		

For Organizations / Service Clubs

Are you a non-profit organization?	
Charitable registration number (if applicable)	
Date of Incorporation	
Grant Category: Youth / Senior Event Community Beautification Arts, Culture & Heritage Tourism Development Community Special Event Capital Funding for a Specific Project Other – one time grant request	
Please provide a brief history of your organization a organization.	
Is your group able to issue charitable tax receipts or	n its own?
What are the general objectives / services of your o	rganization?
In what geographical area does your organization o	perate?
Do volunteers participate in your organization? If ye involvement.	s, indicate the number of volunteers and type of
List the Executive Officers of your organization.	

Project Information

Please provide a brief description of the event, program or project. Include goals and timelines.
If this is not a new project or initiative, places describe how it will enhance your program or increase
If this is not a new project or initiative, please describe how it will enhance your program or increase participation and or volunteerism.
What is the specific purpose that grant funds will be used for?
For in-kind requests, please provide details on type of request (ex. Materials, equipment, resources, etc.)
Please indicate what other sources of funding are supporting this Event / Program / Project.
Who will benefit from the purposed Event / Project / Program (ex. Children, seniors, etc.)

Financial Information

- 1. Please attach a financial statement from your previous year from your Organization. Financial statements are not required for requests under \$500.00
- 2. Please provide a project budget, including:

Project Budget: Revenue Sources

- 1. Applicant Contribution
- 2. Grants
- 3. Donations
- 4. Sponsorships
- 5. Fund-Raising Efforts
- 6. Other Sources
- 7. Total Revenue

Project Budget: Expenses

- 1. Advertising and Promotion
- 2. Program Supplies
- 3. Entertainment
- 4. Administration
- 5. Salaries and Wages
- 6. Facilities Rental
- 7. Prizes and Awards
- 8. Other
- 9. Total Expenses

Terms and Conditions

In the event that a grant is awarded, the applicant agrees to the following:

- Provide a complete status report for the use of funds within 60 days of the completion of the event, project or program.
- To acknowledge the support of the Municipality of West Elgin in all printed material and through other promotional means.
- The funds will be used only for the purposes described in this application
- To inform Council if the project is delayed or changed substantially for any reason
- In the event that the project does not go forward, the application will return those funds granted for the proposed project.