



**Big Brothers / Big Sisters
of Ingersoll, Tillsonburg & Area**
Mentoring Programs and Services

October 29, 2009

Ms. Elaine Clark, Clerk / Deputy Administrator
Town of Ingersoll
130 Oxford Street, 2nd Floor
Ingersoll, Ontario
N5C 2V5

Dear Ms. Clark & Members of the Grant Review Committee:

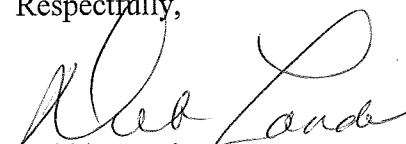
Re: 2010 Community Development Funding Request

Enclosed please find our application for a municipal grant to assist our organization in continuing to provide quality mentoring programs and services to children within our community.

As a respected local agency and recognized member agency of Big Brothers Big Sisters of Canada, we respectfully submit our request for financial assistance from the Town of Ingersoll. We look forward to the continued support that we have shared over the past several years.

Please do not hesitate to contact me if you have any questions or require additional information.

Respectfully,


Debbie Landon
Executive Director

Attach. (2)



**TOWN OF INGERSOLL
APPLICATION FORM
COMMUNITY DEVELOPMENT FUNDING PROGRAM**

Date: October 29, 2009
 Name of Organization/Group Big Brothers Big Sisters of Ingersoll, Tillsonburg & Area
 Name of Primary Contact: Deb Landon
 Telephone: 519-485-1801 Fax: 519-485-1805
 Address: 58 Thames St. South, Ingersoll, Ontario
 Postal Code: N5C 2T1

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 5,000.00
 Special Funding Assistance Amount: \$

Please provide and attach the following documentation:

- The names of the Executive Members of your Organization
- A Financial Report of your last years operation including investments
- An approved proposed budget for the year of the **funding** request

Special Funding : An outline explaining the project, purpose, goals and financial request is all that is required, DO NOT complete full application for a Special Grant request

Have you made a request to the Town for a grant prior to this application?

No Yes (if yes, complete the following)

Year Requested	Amount Received
<u>2009</u>	<u>\$5,000.</u>
<u>2008</u>	<u>\$5,000.</u>
<u>2007</u>	<u>\$5,000.</u>
<u>2006</u>	<u>\$5,000.</u>

Has your organization requested or received funding in the last twelve months from any Provincial or Federal agency?

- No Yes (If yes, provide details)

Please outline briefly why you feel Public Funds should be given to your organization. **See Appendix A**

- List any expected donations, gifts, etc. that you expect to receive in the funding year.

See Appendix A

- Briefly outline the activities provided by your organization

See Appendix A

Policies & Procedures – Community Development Funding

- For what purpose will the grant funds be used?

See Appendix A

- Do you expect to request Town funding over the next five years? If so how much each year?

Yes No \$5,000.00

Membership Information

What is your total membership? 421 as of October 30, 2009

Total number of Town Residents? 298 Total number of Non-Residents? 123

We the undersigned, certify that to the best of our knowledge, that all the information provided on this application is accurate and correct and is endorsed by resolution of the organization we represent.

<u>Margaret Long</u>	<u>Secretary</u>	<u>October 29, 2009</u>
Name	Title	Date
<u>Alfred Lande</u>	<u>Executive Director</u>	<u>October 29, 2009</u>
Name	Title	Date

Forward completed application form to:

Clerk / Deputy Administrator
Town of Ingersoll
130 Oxford Street, 2nd Floor
Ingersoll, Ontario N5C 2V5
Tel: 519-485-0120
Fax: 519-485-3543

Application forms must be received by Noon, on or before NOON ON OCTOBER 30, 2009 to be considered for funding. Council may require a Presentation at an Open Council Meeting on your application for funding.

TOWN USE ONLY

Date Received: _____ **Date Reviewed:** _____

Recommended to Council by: _____
CAO

Clerk

Date Approved by Council: _____ **Amount Approved: \$** _____