

**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: \$ _____
 Special Funding Assistance Amount: \$ 250.00

Please provide and attach the following documentation: See Agency's request for Funding Assistance

- 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>\$300 (1st year sponsorship; includes signage)</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.

- List any expected donations, gifts, etc. that you expect to receive in the funding year.
- Briefly outline the activities provided by your organization

Policies & Procedures – Community Development Funding

- For what purpose will the grant funds be used?
- Do you expect to request Town funding over the next five years? If so how much each year?
 Yes No \$ _____

Membership Information

What is your total membership? _____

Total number of Town Residents? _____ Total number of Non-Residents? _____

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>	Secretary	October 29, 2009
Name	Title	Date
<u>Rob Pava</u>	Executive Director	October 29, 2009
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: \$** _____