

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

Date: October 28, 2009  
Name of Organization/Group: Ingersoll Camp Hope  
Name of Primary Contact: Jim Patiser  
Telephone: 519 671 9576 (cell) Fax: 519 485 0192  
Address: 425 Thoms St S.  
Ingersoll, Ontario Postal Code: N5C 3J8

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 15,000.00  
 **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>2008</u>	<u>\$ 12,000.00</u>
<u>2007</u>	<u>\$ 12,000.00</u>
<u>2006</u>	<u>\$ 10,000.00</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

