

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

Date: Nov. 30 '09.
Name of Organization/Group INGERSOLL ROTARY CLUB.
Name of Primary Contact: VICKI PARK HILL / FRED FREEMAN.
Telephone: 519-485-3895 Fax: SAME.
Address: 122 THAMES ST.
ING. Postal Code: N5L2T4.

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 3000.
 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>3,000</u>
<u>2007</u>	<u>3000</u>
<u>2006</u>	<u>3000.</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? CHRISTMAS PARADE
- Do you expect to request Town funding over the next five years? If so how much each year?
 Yes No \$ 3000 -

Membership Information

What is your total membership? 42

Total number of Town Residents? 42 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>N. Parkhill</u>	<u>Community Services Director</u>	<u>Oct 30/09</u>
Name	Title	Date
TRCO Freeman		<u>Nov. 1/09</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: \$** _____