

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

Date: Oct 27, 2009  
Name of Organization/Group Ingersoll Public Library Advisory Committee  
Name of Primary Contact: Rosemary Lewis, Librarian  
Telephone: 519 485-2505 Fax: 519 485-3857  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 1,000.00  
 **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
- } see attached letter

**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>2007</u>	<u>\$500.00</u>
<u>2008</u>	<u>\$500.00</u>
<u>2009</u>	<u>\$500.00</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
- } see attached letter

Policies & Procedures – Community Development Funding

- For what purpose will the grant funds be used? *see attached letter*
- Do you expect to request Town funding over the next five years? If so how much each year?  
 Yes     No    \$ *1000.00*

Membership Information *N/A*

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.*

<i>Dew Hillis</i>	<i>Member</i>	<i>28 Oct 09</i>
_____ Name	_____ Title	_____ Date
<i>Mpreman Lewis Libravan</i>		<i>28 Oct 09</i>
_____ Name	_____ Title	_____ Date

Forward completed application form to:

Clerk / Deputy Administrator  
Town of Ingersoll  
130 Oxford Street, 2<sup>nd</sup> 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: \$** \_\_\_\_\_