

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

Date: October 30, 2009.
Name of Organization/Group: Ingersoll Services for Seniors
Name of Primary Contact: Wendy Paten
Telephone: 519-485-3869 Fax: 519-485-6716.
Address: 250 Ingersoll St. S., Ingersoll
Postal Code: N5C-3J7.

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 31,300.⁰⁰
 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>\$ 25 000</u>
<u>2008</u>	<u>\$ 25 000</u>
<u>2007</u>	<u>\$ 25 000</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.

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

