

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

Date: OCTOBER 30, 2009
Name of Organization/Group INGERSOLL MASONIC TEMPLE CORPORATION
Name of Primary Contact: _____
Telephone: _____ Fax: _____
Address: _____
Postal Code: _____

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ MUNICIPAL TAX RELIEF
 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 |
|----------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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*

