

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

Date: OCTOBER 29, 2009  
Name of Organization/Group OPERATION SHARING  
Name of Primary Contact: NORMA STACEY / John Klein-Geltink  
Telephone: 519 485 0810 / 519-485-3271 Fax: \_\_\_\_\_  
Address: 129 Culloden Rd. Ingersoll, ON  
Postal Code: N5C 3R3

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ 12,000  
 **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>0</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) *(see attached sheets)*

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  
*(Please see attached sheets.)*

