

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

Date: December 9, 2009
 Name of Organization/Group: Oxford Community Child Care Inc. OJA Ingersoll Children's Centre
 Name of Primary Contact: Debbie Beckett - Finance Co-ordinator
 Telephone: 519-537-4419 Fax: 519-539-0068
 Address: 24 Raglan
Ingersoll, ON Postal Code: N5C 1P9

Please indicate the purpose of this application.

- Funding Assistance** Amount: \$ _____
 Special Funding Assistance Amount: \$ _____

Town of Ingersoll's portion of property tax. Rebated \$2711.95 in 2008

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>2008</u>	<u>\$2711.95</u>
<u>2007</u>	<u>\$2758.26</u>
<u>2006</u>	<u>\$2867.99</u>

Has your organization requested or received funding in the last twelve months from any Provincial or Federal agency? HRDC Funding paid to two summer students

- 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?
- Do you expect to request Town funding over the next five years? If so how much each year?
 Yes No \$ 280000

Membership Information

What is your total membership? Ingersoll Children's Centre is licensed to provide care for up to 81 children. We currently have 51 registered full and part time families we serviced 76 children in 2009.

Total number of Town Residents? 62 Total number of Non-Residents? 14

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.

	Executive Director	Dec 9/09
Name Heidi Collins	Title	Date
	Finance Coordinator	Dec 9/09
Name Debbie Beckett	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: \$ _____