

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

Date: OCT. 9/09
Name of Organization/Group INGERSOLL ROYAL CANADIAN LEGION BR #119
Name of Primary Contact: PAUL JABOE OR RALPH BEEMER
Telephone: 519 485 2069 Fax: _____
Address: 167 CLARKE RD
INGERSOLL ON - N5C 3J8 Postal Code: N5C 3J8

Please indicate the purpose of this application.

Funding Assistance

Amount: \$ _____ ^{TAXES &} REMEMBRANCE DAY

Special Funding Assistance

Amount: \$ _____

* THIS HAS BEEN DOWN FOR THE PAST MANY YEARS

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) TRILLIUM GRANT

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

*Paul
11/2/09*

