

TOWN OF INGERSOLL
POLICIES AND PROCEDURES

Policy: **COMMUNITY DEVELOPMENT FUNDING**
Revision No. 2

Approval Date: January 12, 2000
Revised Date: November 11, 2002

The purpose of this policy is to establish guidelines and criteria to deal with requests from non-profit community groups for cash funding assistance from the Town of Ingersoll in a fair and impartial way.

Conditions:

- (i) Community groups and organizations wishing to apply for funding assistance are required to apply in writing to the Clerk Administrator on or before November 30 of the year preceding the request for funding assistance.
- (ii) All groups who believe they meet the eligibility criteria will be required to complete an application form on a yearly basis.
- (iii) Funding applications will be received by the Clerk Administrator. A Funding Assistance Review Committee consisting of the Clerk Administrator, Treasurer and the Mayor will review the applications for conformance eligibility and supporting documentation.
- (iv) Following the review, those applications considered ineligible will be returned to the organization with a letter noting the reason(s) the application was rejected. Those applications deemed eligible will be included in the Preliminary Budget for Council's consideration. All applications will be acknowledged in writing by the Clerk Administrator.
- (v) Organizations, whose application was turned down, has the right to appear before Council upon written request to the Clerk Administrator. Only one appeal is permitted per funding request per calendar year.

FUNDING ASSISTANCE

1. Funding assistance is available only to Ingersoll volunteer and non-profit organizations, that do not restrict access to membership in the organization itself or its Committees.
2. All organizations applying for funding must be located in the Town and the majority of participants must be residents of the Town.

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3. Organizations applying for funding must provide charitable, recreational, cultural, arts, environmental, special event programs or special services to the community.
4. Applications for funding will only be considered when submitted by the Executive Committee or Board of Directors of the Organization.
5. Organizations applying for funding must show proof of adequate liability insurance coverage.
6. Organizations applying must provide a copy of the previous year's audited statement and an approved draft budget for the current year.
7. Organizations applying for funding must show evidence that they have explored and/or are receiving other sources of financial support and must demonstrate they can not maintain an adequate level of service without municipal assistance. The Town funding assistance should not be the sole funding source.
8. Funding assistance in any year is not to be regarded as a yearly funding commitment by the Town. Further, organizations originally funded as a Special or Seed Grant may not be eligible for Town funding upon the termination by the senior levels of government for funding, and are not available as replacement funding.

SPECIAL AND/OR SEED FUNDING

Consideration will be given to special requests, projects, events, which will benefit the Town to promote a more active and healthy community life. Funding will be given preferably on a **One Time** basis only. Preference will be given to those applicants who demonstrate a diverse source(s) of funding and any additional funding be at Council's discretion.

Grants will not be considered where a project or event has an anticipated profit being generated for the applicant or an organization.

DISASTER RELIEF FUNDING ASSISTANCE

Funding may be approved by Town Council and given to Disaster Relief Committees representing municipalities in Canada that have suffered severe damage due to a disaster.

Conditions of Grant:

- (i) Funding assistance may be given to those areas that have been declared a Disaster Area by the Provincial or Federal Government.
- (ii) Funding awarded under this category will not exceed \$1000 per event.

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- (iii) Funding will be awarded by a resolution of Council upon written request.

OTHER CHARITABLE FUNDING

The Mayor may authorize a donation not to exceed \$200 per event during the budget year to an outside group or organization who visits the Town during a major cross province or cross Canada fund raising effort for a non-profit charitable cause. Such donations will not exceed \$600 in any budget year without Council authorization.

Council may elect to provide a donation in kind to community groups and charitable organizations provided they meet the criteria set out in this policy.

APPENDIX I - TO POLICY
Application Form

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

Date: _____

Name of Organization/Group _____

Name of Primary Contact: _____

Telephone: _____ Fax: _____

Address: _____

Postal Code: _____

Please indicate the purpose of this application.

Funding Assistance Amount: \$ _____

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

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- 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 \$

Membership Information

What is your total membership? _____

Total number of Town Residents? _____ Total number of Non-Residents ? _____

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.

Name	Title	Date
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Name	Title	Date
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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 OCTBER 31, 2008 to be considered for funding.

TOWN USE ONLY

Date Received: _____ ***Date Reviewed:*** _____

Recommended to Council by: _____

CAO

Clerk

Date Approved by Council: _____ ***Amount Approved: \$*** _____