



Community Development Grant Program

Grant Application

Organization Information

Organization Name	
Address (Town, Province, Postal Code)	
Name of Primary Contact	Phone
	Email
Name of Alternate Contact	Phone
	Email

Purpose of Application

Please indicate the purpose of this application:	
<input type="checkbox"/> Ongoing Program Funding	Requested Amount \$ _____
<input type="checkbox"/> Multi-Year Project Funding	Requested Amount \$ _____
<input type="checkbox"/> Special Seed Funding	Requested Amount \$ _____
<p>Note: For Special Seed Funding a letter outlining the organization or project, its purpose, goals and financial request is all that is required. Completion of the full application is not required.</p>	

Information Check List

The following documentation must be provided to be eligible:
<input type="checkbox"/> The names of the Executive Members of your organization
<input type="checkbox"/> A financial Report of your last year's operation including investments
<input type="checkbox"/> An approved proposed budget for the year of the funding request
<input type="checkbox"/> A recently approved resolution from the applicant organization regarding request for funding
**Additional information may be requested

Previous Funding

Have you made a request to the town for a grant in the past?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, complete the following:
<u>Year Requested</u>	<u>Amount Received</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Has your organization requested or received funding in the last 12 months from any Provincial or Federal Agency?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, provide details)

Please outline briefly why you feel Public funds should be given to your organization.



** If you need more room than provided please indicate that you have attached additional sheets to this application.

List any expected donations, gifts etc. that you expect to receive in the funding year:
For what purpose will the grant funds be used?
Briefly outline the activities provided by your organization.
Additional comments

Statement

We the undersigned declare the information provided in this application is accurate and true to the best of your knowledge:

Name (please print)

Signature

Name (please print)

Signature

Date (YY/MM/DD)

Please complete the application form and submit to the Clerk's Department on or before the last Monday in October of the year preceding the funding requested.

Town of Ingersoll
Attention: Clerk
130 Oxford St., 2nd Flr.
Ingersoll, ON N5C 2V5
Email: clerks@ingersoll.ca
Tel: 519-485-0120

TOWN USE ONLY

Date Received: _____ Date Reviewed: _____ Meets Eligibility: ___Yes ___ No

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