



APPLICATION FOR GRANT/SUBSIDY

Instructions: In order to process the application, Appendix "A" Financial Information must be completed

Note: Grants/Subsidies are not automatically renewed annually

PART A – ORGANIZATION NAME AND ADDRESS INFORMATION

Organization Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Contact _____ Telephone _____

E-mail _____ Fax _____

PART B – ORGANIZATION GENERAL INFORMATION

Number of Members _____ Out of Town Residents _____ Membership Fee If Applicable _____

Geographic Area Served _____ Date Formed _____

Outline the mission, purpose and objectives of your organization.

Type of Organization (i.e. Registered Charity, Non-Profit Organization, no status, etc.) and registration number if applicable.

Indicate the products / services / benefits provided to the Township of Oro-Medonte by your organization:

of individuals served: _____

PLEASE ATTACH DETAILED ANNUAL BUDGET INFORMATION INDICATING REVUNUES AND EXPENDITURES (Appendix "A")

PART C – DETAILS OF REQUEST

Grant is a request for a financial contribution from Council
Subsidy is a request for a reduction or waiving of fees

Application is for a (please check) Grant _____ Subsidy _____

Amount Requested: _____

Purpose for which the grant/subsidy, if approved, would be used. Give complete details (i.e. project or event description, time frame, community benefits).

Do you currently receive other grants or subsidies from the Township (facility subsidization, photocopying, secretarial, etc).

Previous grants/subsidies from the Township?

Amount Requested: _____

Year of Request: _____

Amount Approved: _____

Year of Approval: _____

PART D – SIGNATURE OF AUTHORIZED OFFICIAL(S)

Name & Position

Date: _____

Name & Position

Date: _____

For office use only

Approved: _____

Denied: _____

Amount \$ _____

Date: _____

NOTE:

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of determining eligibility for grants. Questions about this collection should be directed to the Freedom of Information Co-ordinator, The Corporation of the Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte, Ontario. L0L 2E0
Please use additional sheet (and attach more if required) to complete the information requested on the Grant/Subsidy Application Form.

FINANCIAL INFORMATION

ORGANIZATION NAME: _____

CURRENT FISCAL YEAR: Year: _____

REVENUE:

Source: _____ Amount: _____

TOTAL: _____

EXPENDITURES:

Item: _____ Amount: _____

TOTAL: _____

NEXT YEAR PROPOSED: Year: _____

REVENUE:

Source: _____ Amount: _____

TOTAL _____

EXPENDITURES:

Item: _____ Amount: _____

TOTAL: _____

SUMMARY:

Surplus or deficit from previous year: _____

Revenue _____

Sub Total _____

Minus Expenditures _____

BALANCE: _____

SUMMARY:

Surplus or deficit from previous year: _____

Revenue _____

Sub Total _____

Minus Exp. Expenditures _____

BALANCE: _____

Signature: _____ Date: _____