

Appendix A



Community Grant Application

Note: Applications to the Township of Ashfield-Colborne-Wawanosh for Community Grant Funding will be accepted no later than January 31st each year.

Organization Name: _____

Organization Address: _____

Contact Person: _____

Must have signing authority

Position

Telephone Number(s): _____

Fax: _____ Email Address: _____

Name of Proposal: _____

Date of Proposed Event: _____ Location: _____

Signature of Contact Person: _____

Please indicate the support being requested

- ☐ Financial Assistance
- ☐ Service or Project
- ☐ Waiving of Facility Fees
- ☐ Staff Support
- ☐ Supply of Equipment or Materials
- ☐ Use of Municipal Property or Facilities
- ☐ Other (describe) _____

FUNDING AMOUNT REQUESTED: \$ _____

IN KIND AMOUNT REQUESTED: \$ _____

Organization Mandate

Please provide your organizations purpose/mandate. (maximum 700 characters)

If this application includes any assistance **other than direct financial assistance**, please outline the details of this request (e.g., type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc.). Acceptance of this application does not guarantee other non-direct financial assistance. (maximum 700 characters)

Proposal Summary

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal. (maximum 700 characters)

Please check on category that best suits your request for assistance. Refer to the Community Grants Policy for category definitions.

- Tourism/Economic
- Community Safety & Well-being
- The Arts
- Culture and Heritage
- Environmental Awareness/Sustainability
- Other (describe) _____

Proposal Budget

Please provide a detailed budget for your proposal (maximum 700 characters)

Note: The Township's contribution towards a program, project or event will be a maximum of 75% of the total estimated budget of the project/program/event.

Community Support

Please describe how your proposal supports the Township of Ashfield-Colborne-Wawanosh. (maximum 700 characters)

Do volunteers participate in your organization? If yes, indicate the number of volunteers and type of involvement.

Eligibility

1. Are you a non-profit organization?

Yes

No

2. Please provide your Revenue Canada Charitable Registration Number (if applicable)

3. Is your organization located within the Township of Ashfield-Colborne-Wawanosh?

Yes

No

Where? _____

4. Will this proposal provide services to the citizens of the Township of Ashfield-Colborne-Wawanosh?

Yes

No

5. Has your organization made any other application to the Township of Ashfield-Colborne-Wawanosh for financial assistance during the current year?

Yes

No

6. Has your organization received funding assistance from the Township of Ashfield-Colborne-Wawanosh in prior years?

Yes

When?

Amount \$

No

7. Will your organization or another organization be the primary funder of this proposal?

Yes, our organization

Yes, please name other organization(s) _____

No

8. Will the assistance that the Township provides your organization be utilized only by your organization?

Yes

No, please name other organization(s) _____

9. Are you seeking funding from other sources, if so, who and has it been confirmed? (maximum 700 characters)

Other Pertinent Information

You are welcome to use the space below to provide any pertinent details about your proposal not covered in the preceding questions. (maximum 700 characters)

Attachments

Please provide the following information as attachment:

1. Copy of most recent board-approved financial statements.

Completed applications must be delivered by **January 31st** to:

Township of Ashfield-Colborne-Wawanosh

82133 Council Line, RR 5

Goderich, Ontario N7A 3Y2

or by email to: communications@acwtownship.ca

Please read and review the questions in the grant reporting form ("Appendix C") before undertaking your project. Some questions ask for data that you may wish to collect over the course of your project, particularly regarding, volunteers, attendance, and more. Knowing these questions in advance will help you to complete this report at the end of your project.

If you have any questions about the application process or eligibility requirements for your organization, please reach out to the Township office for guidance.

Please note that a grant in any year is not considered to be a commitment by the Township of Ashfield-Colborne-Wawanosh to continue such assistance in future years. It is not the intent of this grant program to become an annual component of an organizations budget plan. Thank you for your submission.

Appendix B



Community Grant Evaluation Matrix

This evaluation matrix is to be used by staff and Council to assess community grant applications in accordance with the Township's Community Grant Policy. Applications must meet all eligibility criteria to proceed to evaluation.

Evaluation Criteria	Weight / Max Points	Evaluation Notes / Scoring Guidance
1. Eligibility Compliance	Required	Meets all policy-defined eligibility? (non-profit, ACW-based/connected, open to all, not duplicating other services, etc.)
2. Community Benefit & Local Impact	/15	Will the project measurably improve the well-being of ACW residents? Consider quality of life, inclusion, and meaningful community development.
3. Event Location	/10	Full points if held in ACW. Partial if outside but with clear benefit to ACW residents. Score 0 if entirely external with little relevance.
4. Organizational Capacity	/10	Does the group demonstrate the ability to carry out the project? Is their track record sound (especially for returning applicants)?
5. Alignment with Funding Category	/10	Project clearly aligns with one or more eligible categories (Tourism, Arts, Safety, etc.).
6. Accountability & Reporting History	/10	If previously funded: Did the organization submit reporting forms and use funds responsibly? Are there issues or gaps in accountability? Has the organization recognized the Township's contribution? New applicants should be assessed on their plan to report.
7. Application Completeness & Deadline	/10	Was the application submitted on time and complete with all supporting documentation?
8. Financial Viability & Budget Detail	/15	Budget is complete, realistic, and demonstrates cost-effectiveness. Requested amount aligned with policy-defined funding caps. Township contribution does not exceed 75% of the total project cost. Are other funding sources identified and/or confirmed?

		If the project is located outside ACW, has the host municipality contributed an equal or proportional amount to the project?
9. Past Funding Frequency	/5	Consider how often the group has received municipal or other government support. Frequent past funding should not exclude, but may influence score if over-reliant.
10. Volunteer Involvement	/5	Volunteers are central to the delivery of services or event. Level of involvement is meaningful and appropriate to the project.
11. Inclusivity & Accessibility	/5	Project is open and accessible to the general public, inclusive, and consistent with the Charter of Rights and Freedoms.
12. In-Kind Request Justification (if applicable)	/5	If requesting in-kind support: is it reasonable, well-documented, and feasible for the Township to provide? If not applicable, score full points.
Total Score	/100	

Total possible score: 100 Points

Minimum recommended score for funding: 70 Points

Appendix C



Community Grant Reporting Form

Note: This form should be completed and returned to the Deputy Clerk / Communications Co-ordinator no later than 30 days after the final expenses have been occurred. This form must be completed and returned to be eligible for subsequent funding from the Township of Ashfield-Colborne-Wawanosh.

Organization Name: _____

Organization Address: _____

Contact Person: _____

Must have signing authority

Position

Telephone Number(s): _____

Fax: _____ Email Address: _____

Name of Proposal: _____

Date of Event(s): _____ Location: _____

Signature of Contact Person: _____

1. Did your project achieve its intended results (goals and objectives)? If so, how do you know?

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- 2. Did you engage with any partners in your community to support your project?**

Yes (please indicate who below)

No

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- 3.** Approximately how many volunteers planned, organized, or delivered your project? _____

If possible, please indicate the age categories of the volunteers engaged in the implementation of the project activities and list the approximate number beside each of the selected age categories below.

Under age 25 _____

Ages 25-44 _____

Ages 45-64 _____

Ages 65+ _____

None/Not Applicable_____

4. How was the Township of Ashfield-Colborne-Wawanosh recognized or promoted as a partner in this event. Check all that apply.

Social Media

Print Material

Radio Advertisements

Word of Mouth

Please attach to this report or send by email to communications@acwtownship.ca examples or samples of the above. Additionally, any photographs or videos of the program / event would be greatly appreciated.

Completed forms must be delivered to:

Township of Ashfield-Colborne-Wawanosh

82133 Council Line, RR 5

Goderich, Ontario

N7A 3Y2

or by email to: communications@acwtownship.ca