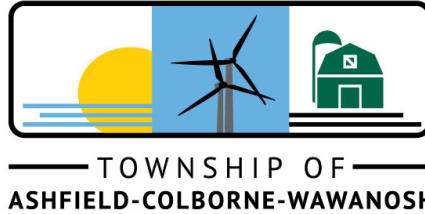


Appendix A



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.

Details of Request for Assistance

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.

Proposal Summary

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.

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) _____

Community Support

Please describe how your proposal supports the Township of Ashfield-Colborne-Wawanosh.

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) _____

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.

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 B”) 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.

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.

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

Yes (please indicate who below)

No

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