Appendix B – Application

COMMUNITY GRANTS PROGRAM APPLICATION

Please complete this form, enclose all required information and return to:

Kirsten Rahm, Manager of Finance/Treasurer, Village of Merrickville-Wolford

317 Brock St W, PO Box 340, Merrickville, ON   K0G 1N0

Email: finance@merrickville-wolford.ca

NAME OF ORGANIZATION OR GROUP:	
MAILING ADDRESS:	
PHONE NUMBER:	
CONTACT PERSON:	PHONE NUMBER:
EMAIL ADDRESS:	

TYPE OF REQUEST

☐ CASH GRANT   Amount requested:_____

☐ IN-KIND WAIVE FEES
(provide details below)

☐ IN-KIND OTHER
(provide details below)

DESCRIBE YOUR REQUEST FOR IN-KIND SERVICES:

DESCRIBE THE PURPOSE OF YOUR PROPOSED PROJECT/EVENT, INDICATING WHAT THE MUNICIPAL FUNDING WILL BE USED FOR, IF APPROVED (attach detailed budget):

WHAT ARE THE GOALS AND OBJECTIVES OF THE EVENT?:

WHO IS YOUR TARGET GROUP?:

HOW WILL YOUR PROJECT BENEFIT MERRICKVILLE-WOLFORD RESIDENTS?:

PROVIDE A LIST OF OTHER FUNDING SOURCES FOR YOUR ORGANIZATION OR GROUP:
DESCRIBE YOUR ORGANIZATION OR GROUP'S FUNDRAISING EFFORTS:
DESCRIBE EVIDENCE OF COMMUNITY SUPPORT (INCLUDING VOLUNTEERS):

ENCLOSE THE FOLLOWING INFORMATION:

- Budget for Project/Event
- Financial Statements
- Confirmation of Not-for-Profit or Charitable status (if applicable)

ATTACH ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY ASSIST COUNCIL IN EVALUATING YOUR APPLICATION (PLEASE LIMIT VOLUME OF INFORMATION):

!/We have read the eligibility criteria and confirm that the organization or group will comply with all requirements.

!/We understand if the Village of Merrickville-Wolford approves funding, the Village of Merrickville-Wolford makes no commitment to provide ongoing financial support to the organization or group.

!/We understand that should the project or event not proceed and occur, or should any grant money received from the Municipality not conform with this policy and/or application, that the money will be refunded to the municipality as stipulated in the Village of Merrickville-Wolford Community Grants Policy.

_____

Applicant Name (Please print)

_____   _____

Signature   Date