



Municipal Grant Application

Please ensure that you provide full, complete and clear answers to the questions on this form. Failure to provide the required information may result in your group being ineligible. Missing or unclear information may result in the application being delayed or rejected.

Use a combination of this form and support sheets as appropriate. Please label your attachments according to the section on this form which you are responding.

Part A – ORGANIZATION NAME & CONTACT INFORMATION	
NAME OF THE ORGANIZATION	
CONTACT PERSON	TELEPHONE NO.
	FAX NO.
MAILING ADDRESS	EMAIL
	POSTAL CODE
ORGANIZATION GENERAL INFORMATION	
Number of Members _____	
Type of organization (ie: Registered Charity, Non-Profit Organization, no status, etc.) _____	
Incorporated as Non-Profit Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outline the mission, purpose and objectives of your organization.	
Part B – GRANT REQUEST	
Under what classification are you requesting a Grant?	
<input type="checkbox"/> COMMUNITY/SPECIAL EVENTS GRANT	<input type="checkbox"/> IN-KIND CONTRIBUTION GRANT (Provision of facilities, materials or resources)
AMOUNT OF GRANT REQUEST	\$ _____
Or	
IN-KIND SERVICE REQUESTED _____	

PURPOSE OF GRANT

(Give complete details – i.e.: project or event description, time frame, community benefits)

PROJECT FUNDING:

(Indicate from what other sources funding has been received or applied for.)

Other levels of government

Fundraising events

Donations

Other sources

Please provide specific details: _____

WILL THE TOWNSHIP OF DAWN-EUPHEMIA BE THE PRIMARY FUNDING SOURCE OF THIS SERVICE/PROGRAM? Yes No

HAS THE ORGANIZATION PREVIOUSLY RECEIVED FUNDING FROM THE TOWNSHIP FOR THIS PROJECT/EVENT?

Yes No

WHAT WILL BE THE IMPLICATIONS IF A MUNICIPAL GRANT IS NOT APPROVED? _____

APPLICATION CHECKLIST

If available, copies of the proposed current year’s budget, detailing expenditures and revenues, including other grants and other sources of revenue, are to be submitted with this request along with the previous year’s financial statement, if available.

Proposed Budget

Previous Year’s Financial Statement

Part C – SIGNATURE OF AUTHORIZED OFFICIAL(S)

Signed on behalf of the organization by authorized officers:

Signature

Position

Date

Signature

Position

Date

Submit completed original application and supporting documentation to:

*Township of Dawn-Euphemia
4591 Lambton Line, RR#4
Dresden, ON N0P 1M0
Attention: Treasurer*

NOTE: Grant Application and the Municipal Grants Program Policy may be either picked up at the Municipal Office, 4591 Lambton Line or downloaded from the Township's website (www.dawneuphemia.ca).