

CORPORATION OF THE TOWN OF KINGSVILLE



2021 Division Road North  
Kingsville, ON N9Y 2Y9  
Phone: 519-733-2305

Kingsville Community Grant Fund  
Application for Grant Funding

NOTICE TO APPLICANTS -

The Town of Kingsville policy for Municipal Grants is included as part of this application package and should be read prior to completing an Application for Grant Funding under the Kingsville Community Grant Fund. The Town of Kingsville reserves the right to reject any application that does not contain all required information. Send completed applications to the Town of Kingsville, 2021 Division Rd N, Kingsville, ON, N9Y 2Y9.

GENERAL INFORMATION (must be completed by all applicants)

Name of Organization/Group/Project:

Street Address/PO Box

City/Province Postal Code

Contact Person:

Name & Position

Telephone Number:

Fax Number:

Email Address:

INFORMATION ABOUT YOUR ORGANIZATION (must be completed by all applicants)

Type of Organization: (select one)

☐

Registered Charity

Regist. # :

☐

Incorporated Not-for-profit

Incorp. # :

☐

Other (provide details below)

Other: (please specify)

No. of Volunteers in Organization:

No. of Paid Employees in Organization:

TYPE OF GRANT & GENERAL GRANT INFORMATION (please select grant type(s) that apply)

☐

Cash Grant

Amount:

☐

In-Kind (provide detail below)

☐

Waive Fees (provide % and details below)

☐

Advertising (provide detail below)

☐

Disaster Relief (provide details below)



**FINANCIAL & OTHER INFORMATION (must be completed by all applicants)**

**Information Attached ?**

**Detailed Budget for project/current year's operation**

\_\_\_\_\_

**Yes**

\_\_\_\_\_

**No**

**Previous year's financial statements (audited if available)**

\_\_\_\_\_

**Yes**

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**No**

**List of Board/Committee members (names/addresses)**

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**Yes**

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**No**

**Business Plan (minimum 3 years)<sup>1</sup>**

\_\_\_\_\_

**Yes**

\_\_\_\_\_

**No**

### Additional Information (optional)

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**Yes**

11/11/2019

**No**

**Please list additional information provided below:**


**1 Business plan required for organizations that have applied or intend to apply for an operating grant for more than one year.**

**DISCLAIMER & SIGNATURE (must be completed by all applicants)**

I/We certify that the information contained in this application is true and complete to the best of my/our knowledge.

**Authorized Signature(s):**1

Signature
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Name (please print) \_\_\_\_\_

Position
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Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

	Position
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**1 Incorporated organizations - Signature(s) must be provided by person(s) having the authority to bind the organization.**

**FOR MUNICIPAL USE ONLY**

[illegible]**Date Application Received:**

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**Applicable Budget Year:**