

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)

TYPE OF GRANT & GENERAL GRANT INFORMATION (continued from previous page)		
Description of Project/Service Provided by Organization: _____		
Has your organization received a grant in previous year(s)?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, please specify amount of grant per year: _____		
Will your organization require grants in future years?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

PROJECT/ORGANIZATION DETAILS (must be completed by all applicants)	
Briefly explain the service(s) or project to be provided by your organization: _____	

BENEFIT TO THE TOWN OF KINGSVILLE (must be completed by all applicants)	
Is your organization based in the Town of Kingsville?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
How will your organization benefit the Town of Kingsville? _____	
What is the anticipated % participation by the Town of Kingsville residents?	
Demographic Information (existing multi-yr projects/organizations only):	
No. of Town of Kingsville residents using the service/participating	<input type="text"/> (a)
Total Number of persons using service/participating	<input type="text"/> (b)
% Benefit to the Town of Kingsville	<input type="text"/> (a) / (b)
Council reserves the right to request membership lists, etc. to support demographic information provided above.	

GRANTS FROM OTHER MUNICIPALITIES (must be completed by all applicants)	
Have you applied for a grant from another municipality?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If you answered yes, please provide details (municipality name, amount requested and whether application has been approved.)	

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

Information Attached ?

Detailed Budget for project/current year's operation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Previous year's financial statements (audited if available)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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List of Board/Committee members (names/addresses)	Yes	No

Business Plan (minimum 3 years)¹	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Additional Information (optional)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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

Name (please print)

Position

Signature

Name (please print)

Position

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

FOR MUNICIPAL USE ONLY

Date Application Received:

Applicable Budget Year: _____