

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).	

