APPENDIX A 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. Applications will be scored in accordance with the evaluation matrix (APPENDIX B to the Policy). Send completed applications to the attention of the Director of Financial Services at the Town of Kingsville, 2021 Division Road N, Kingsville, N9Y 2Y9 or by email to KingsvilleWorks@kingsville.ca The Deadline for submission is October 31 each year.

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:							
	TION (must be completed by all applicants)						
Type of Organization: (select one)							
	Registered Charity						
	Regist. # :						
	Incorporated Not-for-profit						
	Incorp. #:						
Other (places area for	Other (provide details below)						
Other: (please specify)							
_							
No. of Volunteers in Organization:							
No. of Paid Employees in Organization:							
TYPE OF GRANT & GENERAL GRANT INF	FORMATION (please select only one)						
	Change (product carry carry)						
Cash Grant	Amount:						
In-Kind (provide detail below)	Waive Fees (provide % and details below)						
(p.onde detail below)	postate wanta details belowy						
	1						

D = = = -1	NT & GENER	AL GRANT INFORM	MATION (contin	ueu mom previ	ous page)	
escription of	Project/Service	ce Provided by Or	ganization:			
Has vour organ	nization receiv	ved a grant in prev	vious vear(s)?		Yes	
ilas your organ	iization receiv	rea a grant in prev	rious year(s):		103	
					No	
If yes, please s	pecify amoun	it of grant per year	r:			
Will your organ	nization requi	re grants in future	vears?		Yes	
your organ		granic in raidic	,			
					No	
		DETAILS (must be				
Briefly explain	tne service(s)) or project to be p	provided by you	r organization:		
BENEFIT TO T	HE TOWN OF	KINGSVILLE (mu	st be completed	l by all applica	nts)	
		n the Town of Kin	•		Yes	
					No	
How will your o	organization k	penefit the Town o	of Kingsville?			
What is the ant	ticipated % pa	rticipation by the	Town of Kings	/ille residents?		
What is the ant	ticipated % pa	articipation by the	Town of Kingsv	ville residents?		
What is the ant	ticipated % pa	rticipation by the	Town of Kings	ville residents?		
Demographic I	Information (e	xisting multi-yr pr	ojects/organiza	tions only):		
Demographic I	Information (e		ojects/organiza	tions only):	(a)	
Demographic I No. of Town of	Information (e	xisting multi-yr pr	ojects/organiza service/particip	tions only):		
Demographic I No. of Town of Total Number o	Information (e Kingsville re of persons us	xisting multi-yr pr sidents using the ing service/partici	ojects/organiza service/particip	tions only):	(a) (b)	(b)
Demographic I No. of Town of Total Number o	Information (e Kingsville re of persons us	xisting multi-yr pr sidents using the ing service/partici	ojects/organiza service/particip	tions only):	(a)	(b)
Demographic I No. of Town of Total Number o	Information (e Kingsville re of persons us ne Town of Kir	xisting multi-yr pr sidents using the ing service/partici	ojects/organiza service/particip ipating	tions only): ating	(a) (b) (a) /	(b)
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Demographic I No. of Town of Total Number o % Benefit to th	Information (e Kingsville rea of persons us ne Town of Kir e right to request r	existing multi-yr pr sidents using the ing service/partici ngsville membership lists, etc. to	ojects/organiza service/particip ipating	tions only): ating	(a) (b) (a) /	(b)
Demographic I No. of Town of Total Number of % Benefit to th Council reserves the	Information (e Kingsville resort of persons us ie Town of Kir e right to request re	existing multi-yr pr sidents using the ing service/partici ngsville membership lists, etc. to	service/particip ipating support demograph	tions only): ating	(a) (b) (a) / ded above.	(b)
Demographic I No. of Town of Total Number of % Benefit to th Council reserves the	Information (e Kingsville resort of persons us ie Town of Kir e right to request re	existing multi-yr pr sidents using the ing service/partici ngsville membership lists, etc. to	service/particip ipating support demograph	tions only): ating	(a) (b) (a) /	(b)
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Demographic I No. of Town of Total Number of % Benefit to th Council reserves the GRANTS FROM Have you appli	Information (e Kingsville resort of persons us the Town of Kir e right to request to MOTHER MUI tied for a grant	existing multi-yr provide details (multi-yr	service/particip ipating support demograph st be completed nicipality?	tions only): ating ic information provided by all applicated appl	(a) (b) (a) / ded above. nts) Yes No	(b)
Demographic I No. of Town of Total Number of % Benefit to th Council reserves the GRANTS FROM Have you appli	Information (e Kingsville resort of persons us the Town of Kir e right to request to MOTHER MUI tied for a grant	existing multi-yr prosidents using the ing service/particingsville membership lists, etc. to NICIPALITIES (must from another must see in the interest of the i	service/particip ipating support demograph st be completed nicipality?	tions only): ating ic information provided by all applicated appl	(a) (b) (a) / ded above. nts) Yes No	(b)
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Demographic I No. of Town of Total Number of Benefit to th Council reserves the GRANTS FROM Have you appli	Information (e Kingsville resort of persons us the Town of Kir e right to request to MOTHER MUI tied for a grant	existing multi-yr provide details (multi-yr	service/particip ipating support demograph st be completed nicipality?	tions only): ating ic information provided by all applicated appl	(a) (b) (a) / ded above. nts) Yes No	(b)
Demographic In No. of Town of Total Number of Menefit to the Council reserves the GRANTS FROM Have you applied the Sound of You answere the	Information (e Kingsville resort of persons us the Town of Kir e right to request to MOTHER MUI tied for a grant	existing multi-yr provide details (multi-yr	service/particip ipating support demograph st be completed nicipality?	tions only): ating ic information provided by all applicated appl	(a) (b) (a) / ded above. nts) Yes No	(b)

FINANCIAL & OTHER INFORMATION (must be co						
	Information Attached ?					
Detailed Budget for project/current year's operation	Yes No					
Additional financial information	Voc. No.					
Additional financial information	Yes No					
Please list additional information provided below:						
·						
						
A business plan is required for organizations that	at have applied or intend to apply for an					
operating grant for more than one year.	thave applied of interior to apply for all					
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 Clamater (s) *						
Authorized Signature(s):*						
Signat	ture					
Name (plea	ase print)					
Positi	ion					
Signat	ture					
Name (plea	ase print)					
Positi	ion					
*Incorporated organizations - Signature(s) must be authority to bind the organization.	be provided by person(s) having the					
authority to bind the organization.						
FOR MUNICIPAL USE ONLY						
Date Application Received:						
Applicable Budget Year:						