



## Application for Municipal Grant

### Submit Original To:

The Corporation of the Municipality of West Grey  
Attention: Finance Department  
402813 Grey Road 4 RR2 Durham,  
Ontario, N0G 1R0

**Submission Deadline: Applications are due each year by January 31.**

### 1. Organization information:

1a)

Legal organization name:	
Type of organization:	
Mailing address:	
Website / social media: (if applicable)	
Operational since:	
Is the organization an incorporated non-profit?	<input type="checkbox"/> Yes (Date incorporated: ___/___/___) <input type="checkbox"/> No

1b) What are your organizational goals / objectives?

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### 2. Application contacts:

Please include the main point(s) of contact for this application

Lead contact name:	
Lead contact email:	
Lead contact phone #:	
Secondary contact name:	
Secondary contact email:	
Secondary contact phone #:	

**3. Project information:**

3a) Please outline the project information below

Project title:	
Project date(s):	
Project location(s):	
Is this the first time your project is taking place?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Number of years in operation: ____)
Does this project directly benefit residents of West Grey?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3b) Please describe the project in detail including goals and objectives. Additional pages may be attached if necessary.

3c) Describe how your organization will benefit from municipal funding. Additional pages may be attached if necessary.

3d) How will you determine if your project is a success? Please include any performance metrics you will be using to determine this. Additional pages may be attached if necessary.

**4. Funding information:**

Have you reviewed the <b>West Grey Grants to Organization Policy</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your first request for funding from the municipality of West Grey?  If no, please outline the years in which your organization submitted requests for funding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization previously received funding from the Municipality of West Grey?  If yes, please outline funding received and number of years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Project budget:**

Please outline in detail your total project budget. If applicable, please include any quotes received. Additional pages can be attached if required.

<b>Item description:</b>	<b>Budgeted amount:</b>
Example: Purchase of three 10x10 tents for event booths @ \$50.00 each	\$150.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$

**6. In-kind contributions:**

Please include any in-kind contributions being requested of the municipality. In kind contributions include items such as facility rentals. Additional pages may be attached if necessary.

<b>In kind contribution request: *</b>	<b>Estimated amount:</b>
Example: Use of Lamlash Hall on Saturday June 1 for event (12:00-5:00pm)	\$75.00
	\$
	\$
	\$
Total:	\$

\*In-kind contribution requests are subject to municipal approval and availability. All relevant guidelines and municipal policies apply.

**7. Project funding:**

Total project costs: (Total project cost must match combined totals of part 5 and 6 above)	\$
Are you sourcing funding or in-kind support from any other sources?  If yes, please outline the other funding sources and if funding has been received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total funding requested from the municipality: (Total project costs less other funding sources)	\$

**7. Describe how your project / event will benefit the community.**

Additional pages may be attached if necessary.

**8. Declaration of Organization’s Executive:**

We certify that, to the best of our knowledge, the information provided herein is accurate and complete and is endorsed by the Organization, which we represent.

If successful recipient of municipal grant funding, we agree and abide by the information as outlined in the **municipal grants to organization policy** and indemnify and save harmless the municipality from any and all losses, liabilities, damages, costs, claims, suits or actions arising from the provision of the program(s) identified above.

Name:	Title:	Date:	Signature:

\*This Application must be signed by minimum of two (2) members from your organization.  
Note: Any information collected may be made public.



## Final Report for Municipal Grant

Mandatory questions are marked with asterisks (\*).

1. \*Report completed by:
  - a. Name:
  - b. Title:
  - c. Email:
  - d. Phone Number:
  - e. Date of Event:
  
2. \*What were the overall goals and objectives of your event / program? Please outline if you feel you met the goal / objectives and how you came to that conclusion.
  
3. \*How many people attended your event / program? Was this the outcome expected? Why / why not?
  
4. \*How did your event / program benefit from municipal funding?
  
5. \*Please upload copies of receipts / invoices for this project. Receipts will only be considered valid if considered eligible funding (see eligible funding criteria) and if dated after confirmation of funding received. Funds spent prior to confirmation of funding will not be considered eligible project costs. (Receipts / invoices can also be emailed directly to "staff email")
  
6. \*Please upload photos of the event / program.
  
7. I certify that, to the best of our knowledge, the information provided herein is accurate and complete and is endorsed by the Organization, which I represent.

I agree and abide by the information as outlined in the **municipal grants to organization policy** and indemnify and save harmless the municipality from any and all losses, liabilities, damages, costs, claims, suits or actions arising from the provision of the program(s) identified above.

\*Date:

\*Signature: