



## Corporation of The Town of Amherstburg

### Request for Grant to Community Groups and Organization Form PART A

Thank you for applying for a Request for Grant to Community Groups and Organizations! Our priority is to support programs or projects with tangible results that enrich and connect residents to their community.

Please answer the following questions in the space provided.

|                                     |             |  |              |
|-------------------------------------|-------------|--|--------------|
| Date:                               |             |  |              |
| Committee or Organization Name:     |             |  |              |
| <b>Contact Person</b>               |             |  |              |
| Name                                |             |  |              |
| Phone Number                        |             |  |              |
| <b>Organization</b>                 |             |  |              |
| Address                             |             |  |              |
| Phone Number                        |             |  |              |
| E-mail Address                      |             |  |              |
| Website                             |             |  |              |
| Mission/Vision Statement:           |             |  |              |
| <b>Board of Directors</b>           |             |  |              |
|                                     | <i>Name</i> | <i>Phone Number</i>                                      | <i>Email</i> |
| 1                                   |             |  |              |
| 2                                   |             |  |              |
| 3                                   |             |  |              |
| 4                                   |             |  |              |
| 5                                   |             |  |              |
| 6                                   |             |  |              |
| 7                                   |             |  |              |
| 8                                   |             |  |              |
| 9                                   |             |  |              |
| 10                                  |             |  |              |
| 11                                  |             |  |              |
| 12                                  |             |  |              |
| Insurance Policy Carrier:           |             |  |              |
| Town Consultations?                 |             | Yes <input type="checkbox"/> No <input type="checkbox"/> |              |
| Department Consulted:               |             |  |              |
| Non-Profit/Charitable Status Number |             |  |              |

## Project or Proposal

**Project Overview: (200 words max)**

The project overview should present a concise summary of your project. Include the reason for your project, goals and objectives, who will be involved and the amount of funding requested.

Amount requested: \$

**Project Description: (500 words max)**

The project description should provide in depth details of how you plan to bring your project to life. Include some of the key next steps and activities you will under take. Market Reach or Attendance. Partnerships or Collaborations.

Amount requested: \$

**Desired Outcomes: (200 words max)**

This section should also include what will be accomplished and the desired outcomes.

|  |
|--|
|  |
|--|

**Goals & Objectives:**

Describe the project goals and objective in measurable terms by using the **Timeline and Tasks Completed by Date** requirement. Please see below.

**Timeline & Tasks Completed by Date:**

Provide a detailed timeline of the major milestones involved in your project using the chart below. An example may be execution or marketing.

|                  |  |                   |  |
|------------------|--|-------------------|--|
| Name of Task     |  | Date Completed By |  |
| Task Description |  |                   |  |
| Name of Task     |  | Date Completed By |  |
| Task Description |  |                   |  |
| Name of Task     |  | Date Completed By |  |
| Task Description |  |                   |  |



**Budget:**

1. Include a budget breakdown of how the grant funding will be used for your project. List and describe actual and pending costs and any other sources of outside income.

|  |
|--|
|  |
|--|

2. Please attach copy of last fiscal operating budget.

3. Other Funding Sources for Project; please list all.

| Source                                       | Amount    |
|--|-----------|
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
|  | \$        |
| <b>Total amount received or anticipated:</b> | <b>\$</b> |

4. What services will your project require from the Town of Amherstburg? Example; picnic tables, PW services, water, hydro etc. Yes or No and list items?

|  |
|--|
|  |
|--|

|  |  |         |
|--|--|---------|
| 5. Has your organization received a grant previously from the program? | Yes <input type="checkbox"/> No <input type="checkbox"/> |         |
| Amount (cumulative)  | \$   | Year(s) |
|  |  |         |

**Volunteers:**

Please describe the number of volunteers and volunteer hours that will be used for your project. How will you recruit and train them for the task?  
**(150 words max)**

**Other Information:**

Include any other useful information about your project. This could include reference letters, website pages, photos, etc.  
**(200 words max)**

Once you have completed the application and post report please **email, mail or fax** your responses to:

Paula Parker, Municipal Clerk  
271 Sandwich Street South  
Amherstburg, ON  
N9V 2A5  
Telephone: 519-736-0012 ext.  
2238 Fax: 519-736-5403  
Email: [pparker@amherstburg.ca](mailto:pparker@amherstburg.ca)

**Disclaimer and Signature:**

*I certify that my answers are true and complete to the best of my knowledge.  
I agree to complete an "Annual Report" and disclose all relevant information to the Town.  
The committee takes full responsibility for the actions of all members and volunteers associated with the committee.*

**Name:**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Witness**

**Name:**

Signature; \_\_\_\_\_

Date: \_\_\_\_\_

***Incomplete applications will not be considered.***





|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <b>Have the actions of the committee reflected the committee's initial purpose?</b><br>Explain: ( 150 words or less) | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|  |                                 |                                |
| <b>Does the committee plan on running the event again?</b>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| <b>Does the committee plan on seeking funding from this grant again?</b>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

**Volunteers:**  
 Please describe the number of volunteers and volunteer hours that was used for your project. How will you recruit them again? **(150 words max)**

**Budget:**

List any known or anticipated new sources of funding:

**Financial position for most current fiscal year ending.**

|   |    |
|---|----|
| Annual Revenue:                         | \$ |
| Less: Annual Costs:                     | \$ |
| Equals: Financial position at year end: | \$ |
| Forecasted Budget for next year:        | \$ |

**Other Information:**

Include any other useful information about your project. This could include reference letters, website pages, photos of project or proposal, partnerships etc. **(200 words max)**

**Disclaimer and Signature:**

*I certify that my answers are true and complete to the best of my knowledge.*

*I agree to complete an "Annual Report" and disclose all relevant information to the Town.*

*The committee takes full responsibility for the actions of all members and volunteers associated with the committee.*

**Name:**

Signature; \_\_\_\_\_ Date: \_\_\_\_\_

**Witness**

**Name:**

Signature; \_\_\_\_\_ Date: \_\_\_\_\_