

# GRANT FUNDING APPLICATION

**Applications to the Municipality of Dutton Dunwich for Grant Funding will be accepted no later than November 30th each year. Please print neatly.**

Organization name \_\_\_\_\_

Contact Person (must have signing authority) \_\_\_\_\_

Position \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Proposal \_\_\_\_\_

Date of Proposed Event \_\_\_\_\_ Location \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_

Please indicate the support being requested

- Financial Assistance
- Service or Project
- Waiving of Facility Fees for South Dunwich Hall, Community Centre or Pool
- Staff Support
- Supply of Equipment or Materials
- Insurance Coverage
- Use of Municipal Property or Facilities
- Other (describe) \_\_\_\_\_

**FUNDING AMOUNT REQUESTED: \$ \_\_\_\_\_**

## Details of Request for Assistance

If this application includes any assistance **other than direct financial assistance**, please outline the details of this request (e.g., type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc.).

---

---

---

---

## Proposal Summary

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.

---

---

---

---

Please check on category that best suits your request for assistance. Refer to the Policy for General Grants for category definitions.

- Tourism/Economic
- Community
- The Arts
- Culture and Heritage
- Other (describe) \_\_\_\_\_

**Note:** organizers of parades are required to provide liability insurance in the amount of \$2 million naming the Municipality of Dutton Dunwich as additional insured. The cost of obtaining such insurance may form part of any assistance application, along with the necessary Municipal Staff support.

## Community Support

Please describe how your proposal supports the Municipality of Dutton Dunwich.

---

---

---

---

## Eligibility

1. Are you a non-profit organization?
  - Yes
  - No
2. Please provide your Revenue Canada Charitable Registration Number (if applicable)

---

3. Is your organization located within the Municipality of Dutton Dunwich?
  - Yes
  - No    Where? \_\_\_\_\_
  
4. Will this proposal provide services to the citizens of the Municipality of Dutton Dunwich?
  - Yes
  - No
  
5. Has your organization made any other application to the Municipality of Dutton Dunwich for financial assistance during the current year?
  - Yes    When? \_\_\_\_\_
  - No
  
6. Has your organization received funding assistance from the Municipality of Dutton Dunwich in prior years?
  - Yes    When? \_\_\_\_\_ Amount \_\_\_\_\_
  - No
  
7. Will your organization or another organization be the primary funder of this proposal?
  - Yes, our organization
  - Yes, another organization (please name) \_\_\_\_\_
  - No
  
8. Will the assistance that the Municipality provides your organization be utilized **only** by your organization?
  - Yes
  - No            Name other organization(s) \_\_\_\_\_

**Other Pertinent Information**

You are welcome to use the space below to provide any pertinent details about your proposal not covered in the preceding questions.

---



---



---



---

**Thank you for your submission.**