GRANT FUNDING APPLICATION

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

Submit via Email to: <u>coliver@duttondunwich.on.ca or</u> by Fax: 519-762-2278 By mail or In Person: Municipality of Dutton Dunwich 199 Currie Road Dutton ON NOL 1JO

| Organization name | | | |
|--|---------|--------------|--|
| Name of Proposal | | | |
| Date of Proposed Event Location | | | |
| Contact Person (must have signing authority) | | | |
| Position | - | | |
| Telephone Home/Cell: | Work | | |
| Email Address | | | |
| Cheque made payable to: | | | |
| Address (for cheque to be mailed): | | | |
| City: Pr | ovince: | Postal Code: | |
| 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 the 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? | | |
| 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) | | |
| 8. | Vill the assistance that the Municipality provides your organization be utilized only by your organization? | | |
| | 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.