



COBOURG

**Town of Cobourg
Municipal Grant Application
POLICY No. FIN-ADM1**

ORGANIZATION NAME AND CONTACT INFORMATION:	
Name or Organization:	
Contact Person:	
Mailing Address:	
Phone #:	Fax #:
Email:	
ORGANIZATION GENERAL INFORMATION:	
Number of Members _____ (Include Board of Directors if applicable)	
Type of Organization (i.e. Registered Charity, Non-Profit, No Status): _____	
Charitable Registration Number: # _____	
Incorporated as Non-Profit Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other information significant to your organization: _____ _____ _____ _____ _____	
*Deadline for Submission is October 31, each year.	

GRANT REQUEST:

NAME OR ORGANIZATION:

Under what classification are you requesting a Grant(s) and explain how it will fit into that category?
(Check all that apply) (classification with a * requires a project funding report)

Community Project*

Operating*

In-Kind Contribution

Special Event*

Community Event*

Parking Permit

Total Amount of Grant Request: \$ _____

Please answer the following questions, giving as much information and detail as possible in order for Council to make an informed decision to approve each grant request. Municipal Council may wish to contact you in the event that more information and detail is needed.

What will the funding be used for: (Be specific to how the request will improve quality of life within the Town of Cobourg:

FORM 1

Explain how your organization's proposed activity or service will fill a need in the Town of Cobourg and/or the impact and benefit it will have within the Community.

How will the Organization measure the success of the project?

Please provide any other additional information pertinent to your application:

PROJECT FUNDING:

Indicate other sources of funding that have been received or applied for:

- Other levels of Government
- Fundraising Events
- Donations
- Other Sources

Amount Applied for \$ _____ Amount Received \$ _____

Details on the where the funding received from (Be Specific):

Will the Town of Cobourg be the only funding source for the program/event?

- YES
- NO

Has the Organization previously received funding from the Town of Cobourg?

- YES
- NO

Please Circle the years your Organization has received a Grant from the Town in previous years and indicate the amount received below:

2013	2014	2015	2016	2017
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

What will be the implications if a Municipal Grant is not approved, and how will this affect the Community:

The Following is a project budget to be completed by the Organization. This section is to be completed by those Organizations who are applying for a Grant Category requiring this section to be completed.

PROJECT BUDGET (If applicable)			
Estimated Project Funding		Estimated Project Expense	
Type of Project income	\$Amount	Type of Project Expense	\$Amount
Municipal Grant Requested	\$		\$
Provincial Assistance	\$		\$
Federal Assistance	\$		\$
\$ Share of Project Budget from Your Organization	\$		\$
Project Income (fees, rental, admission, etc.)	\$		\$
Other	\$		\$
Other	\$		\$
Total Estimated Income for the Project	\$	Total Estimated Expense for the Project	\$
Difference between income and expenses: \$			

If your Organization is requesting an in-kind grant, please list the in-kind services requested and provide the quotes from the Town in order to determine the amount of grant needed to be provided with the Application.

In-Kind Service Requested: _____

Total Amount of In-Kind Grant \$ _____

APPLICATION CHECKLIST:

Copies should be attached to this application:

- A budget for the upcoming fiscal year or event;
- Copies of other grants and sources of revenue received; and
- Financial statements from the previous event or fiscal year.
-

Statement/Financial Verification Report Submitted:

YES NO

***Attached to the Application*

Signature of Authorized Official(s)

Signed on behalf of the organization by the authorized Officers:

We the undersigned declare that all information provided in and with this application is factual and correct.

Print Name

Signature

Position/Title

Date

Print Name

Signature

Position/Title

Date

Received by _____

Date Received _____

Authorizing Signature: _____

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended, Inquiries about the collection of personal information should be directed to the Municipal Clerk.