



The Corporation of the
Town of Cobourg
Victoria Hall
55 King Street West
Cobourg, ON K9A 2M2

Municipal Grant Application Policy No. FIN-ADM1 Form 1

PART I APPLICATION

1. ORGANIZATION INFORMATION

Name of Organization:		Contact Person:	
Mailing Address:		City:	Province:
Postal Code:	Phone:	Fax:	
E-Mail:			
Number of Members (Please include Board of Directors if applicable):			
Type of Organization (i.e. Registered Charity, Non-Profit, No Status):			
Charitable Registration Number:			
Other information significant to your organization:			

2. GRANT REQUEST

Under what classification are you requesting a grant? Please check all that apply.	
☐	Community Project*
☐	Operating*
☐	In-Kind Contribution
☐	Special Event*
☐	Community Event*
☐	Parking Permit
* Requires a Project Funding Report	
Total amount of grant requested: \$	

What will the funding be used for? Be specific on how the request will improve quality of life within the Town of Cobourg.

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:

3. **ADDITIONAL INFORMATION**

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

- ☐ Other levels of Government
- ☐ Donations
- ☐ Fundraising Events
- ☐ Other Sources, please specify:

Amount Applied for: \$

Amount Received: \$

Additional details on where the funding was received from:

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

If yes, please provide the amount received in the correlating box of the year your organization received a grant from the Town of Cobourg:

2019: \$	2018: \$	2017: \$
2016: \$	2015: \$	2014: \$

What will be the implications if a municipal grant is not approved, and how will this affect the community?

4. PROJECT FUNDING REPORT (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 expense: \$			
If your organization is requesting an in-kind grant, please list the in-kind services requested and provide the quotes from the Town of Cobourg in order to determine the amount of grant needed to be provided with the Application: In-kind Service Request:			
Total Amount of In-kind Grant: \$			

5. APPLICATION CHECKLIST

Copies of the following should be attached to this Application:

- ☐ A Budget for the upcoming fiscal year or event
- ☐ Copies of other grants and sources of revenue received
- ☐ Financial Statements from the previous fiscal year or event

Statement/Financial Verification Report Submitted and attached to the Application:

- ☐ Yes ☐ No

PART II

AUTHORIZATION

This Application must be signed on behalf of the organization by two (2) authorized officers. Applications signed by only one person will be declined as incomplete.

We the undersigned, certify that, to the best of our knowledge, the information provided in this Community Grant Application is factual and correct and is endorsed by the organization which we represent:

Print Full Name	Signature	Date (YYYY/MM/DD)
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Print Full Name	Signature	Date (YYYY/MM/DD)
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Personal Information Collection Notice

Personal information, as defined in the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), is collected under the authority of the *Municipal Act, 2001*, and in accordance with MFIPPA. Personal information on this application will be used for the purpose of selection of applicants for community grants. The information contained in this Application may be subject to disclosure under the MFIPPA if circumstances warrant. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Legislative Services Department, at 905-372-4301 extension 4410, or at clerk@cobourg.ca

PART III

SUBMISSION OF APPLICATION

Please return the completed Application and its attachments to the Legislative Services Department in person or by mail, fax or e-mail:

Mail or in Person

The Town of Cobourg
Legislative Services Department
Victoria Hall
55 King Street West
Cobourg, ON K9A 2M2

Business Hours: 8:30 a.m. to 4:30 p.m.

Fax

905-372-7558

E-Mail

clerk@cobourg.ca

If you have any questions or concerns, or require additional information, please contact our Legislative Services Department at 905-372-4301 extension 4410, or at clerk@cobourg.ca