



Township of Centre Wellington Community Impact Grant Application Form

Organization Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Name of Contact Person: _____

Position: _____

Amount of grant request: \$_____

1. Has your organization been successful in obtaining a grant from the Township of Centre Wellington in a prior year?

Yes No

If yes, please indicate the year of most recent successful application and amount received.

Year: _____ Amount: \$_____

Project Description _____

2. Provide a brief history of your organization (including year of formation).



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3. What are the general objectives and purpose of your organization and how does the organization benefit the community (i.e. economically, socially, environmentally, etc.)?

4. Verification of Non-Profit/Charitable Status (i.e. incorporating documents, constitution, by-laws, etc).

Copy Attached

5. Financial Information:

- A. Did your organization have gross revenues in excess of \$50,000 during the most recent fiscal year?

Yes No

- i. If yes, please attach the organization's most recent year-end financial statements (including balance sheet, income statement and comparative information for the previous year) prepared by a licensed accountant operating independently of the organization.
- ii. If no, please attach the organization's most recent year-end financial statements (including balance sheet and income statement) prepared by a licensed accountant operating independently of the organization. If unavailable, a current, internally prepared balance sheet and income statement is acceptable.

- B. Please provide a copy of your organization's current year budget.

Copy Attached



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6. Is there a local organization that provides similar services to those provided by your organization as described in Question #3 above?

- Yes No

If yes, how are your services different from this other organization?

7. Do volunteers participate in your organization?

- Yes No

If yes, please indicate the number of volunteers and type of involvement.

8. List the Executive Officers of your organization:

Name	Position	City



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9. Is your organization currently in arrears with the Township of Centre Wellington?

- Yes No

If yes, please indicate the amount and nature of the arrears.

10. Does your organization donate funds to any other groups or organizations?

- Yes No

If yes, please indicate the recipient(s) and the nature of the donation(s).

11. What steps is your organization taking to reduce dependence on grants such as the Community Impact Grant?



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12. Briefly describe the proposed event, project or service that will be funded by this grant. Please ensure that items identified as Ineligible for Funding under Section 1.2 of the Grant Application Policy are not listed.

13. Please provide a budget for the proposed event, service, or project.

Copy Attached

14. If your organization is unsuccessful in receiving a Community Impact Grant, what will be the effect on the proposed event, service, or project?

15. The proposed event, project or service will involve the following demographics (check all that apply):

Children Youth Seniors Volunteers

Persons with Disabilities Low Income Individuals

Other (describe) _____



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16. Have funds been requested from other levels of government or organizations?

- Yes No

If yes, please indicate which organizations, or to which level of government, and the current status of the request.

17. Describe how the community has supported your organization in previous years (check all that apply):

- Participation Attendance Sponsorship
 Other (describe) _____

Please describe the nature of the support.



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Checklist

Please check that the following requirements have been satisfied:

- All applicable sections of application form and this checklist.
- Supporting materials are attached (budgets, financial statements, etc).
PLEASE ATTACH EACH ONE OF THESE FILES AS A PDF.
- Two (2) letters of reference – must be at arm’s length to the applicant.
- The applicant has kept a copy of the current submission for their records.
- If your organization was a successful applicant in a previous year, a letter indicating the use of funds has been submitted in accordance with Section 5.2 of the Township of Centre Wellington’s Grant Application Policy.
- The applicant has read the “Terms and Conditions” and has signed below.

Terms and Conditions

In the event that a grant is awarded, the applicant agrees to the following:

1. To provide a brief written statement of use of funds within two months of the event, project or service in accordance with Section 5.2 of the Township of Centre Wellington’s Grant Application Policy.
2. To acknowledge the support of the Township of Centre Wellington in all printed materials in accordance with Section 5.1 of the Township of Centre Wellington’s Grant Application Policy.
3. The funds will be used only for the purposes described in this application.
4. To inform the Council if the project is delayed or changed substantially for any reason.
5. In the event the project does not go forward, the applicant will return those funds granted for the proposed project.

I agree to the terms and conditions outlined above. The information contained in this application is, to the best of my knowledge, true and correct. I acknowledge that the contents of this application will be discussed in an open Council forum.

Signature

Date

Signature

Date



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Letter of Reference

Applicant: _____

Title of Project: _____

Reference from: _____

How long have you known the applicant/organization and in what capacity?

How would you assess the talent and experience of this applicant/organization in relation to this project?

Are you familiar with the proposed project and how would you assess its merits?

How would you assess the ability of this applicant/organization to carry out this project?

Signature

Date



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Letter of Reference

Applicant: _____

Title of Project: _____

Reference from: _____

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Signature

Date