



Township of McKellar

701 Hwy #124, P.O. Box 69, McKellar, Ontario POG 1C0

Phone: (705) 389-2842

Fax: (705) 389-1244

CORPORATION OF THE TOWNSHIP OF MCKELLAR

DONATION/GRANT APPLICATION

1. Date: _____ 2. Name of Organization: _____
3. Address: _____
4. Please state the goals and objectives of your organization: _____

5. Purpose of grant: _____
6. What are the primary reasons for undertaking the project/service? _____
7. Will this be a one-time project/service or is it ongoing? _____
8. Dates/Duration of project/services: _____
9. Who will be responsible for the execution and successful completion of the project/service?
Name: _____ Telephone: _____ Email: _____
10. Describe the project funding:
Total Budget: _____ Requested contribution from McKellar: _____
Amount of self-funded or fundraising: _____ Other grants: _____
Admission fees: _____
11. Membership Fees: _____ Current Year: _____ Previous Year: _____
12. Other sources of funding: _____
13. What is the basis for determining the requested McKellar donation amount? _____

14. Is there any other funding contingent upon receiving a grant from the Municipality? If yes, please explain: _____
15. Has your organization requested assistance from McKellar in the past? Yes No
What year(s)? _____ Amount requested: _____ Purpose of previous grant: _____

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16. Who will benefit from the project and how will they benefit? _____
17. What are the benefits to the Township of McKellar community? _____
18. The Township of McKellar requires a written summary report following the event. Failure to provide report will prohibit future donation/grant requests from your organization.

Signature Required: _____

19. Any other information you wish to provide in support of this application? _____

20. Number of citizens that participate/benefit: _____

21. Number of McKellar citizens that participate/benefit: _____

22. This grant application was authorized by a motion of the organization on the _____ day of _____, 20_____. (Please attach a copy of the resolution supporting this application)

23. Name and position if authorized Signing Officers:

Name: _____ **Signature:** _____

Name: _____ **Signature:** _____

24. Please attach a copy of your organization's most recent financial statement and a separate statement of current financial assets.