



CITY OF WELLAND
2012 GRANT APPLICATION
Policy # FIN-001-0007

DATE: _____

1. NAME OF ORGANIZATION: _____

ADDRESS: _____

POSTAL CODE: _____ TEL #: _____

CHARITABLE NO. _____

DATE OF INCORPORATION: _____ NOT INCORPORATED: _____

2. PRIMARY CONTACT PERSON:

NAME : _____

POSITION: _____

TEL # _____

3. AMOUNT OF GRANT REQUESTED: \$ _____

(a) We request exemption from completing Section 4, 9 as our total operating budget is less than \$10,000.00

	<u>Date</u>	<u>Attached (Check)</u>
4. (a) Your most recent annual report audited or reviewed financial statement (revenue & expenditure statement and Balance Sheet)	_____	_____
(b) Interim financial statement for your current fiscal year.	_____	_____
(c) Budget for year in which grant is requested	_____	_____

(d) A one to two page summary of major programs and services provided, plus any other information which you feel would support your application

(e) A complete list of Board or Committee members including their position on the Board or Committee.

5. Municipalities within which operations are conducted:

6. PURPOSE OF ORGANIZATION: Describe the overall goal or mission statement of the Agency.

7. PURPOSE OF GRANT: Indicate whether the City grant is intended to maintain an existing level of service; to provide expanded services; for a new program or for capital expenditures etc.

8. Why should public funds be given to your organization?

9. Is it anticipated that the activities for which this assistance is being requested will become self-supporting through private or other sources?

YES _____ (Please specify including the projected date of self-sufficiency).

NO _____ (Why not?)

10. Has your organization made a grant request to Welland Council in the past?

YES _____ (If yes, please give history) NO _____

Year Requested	Amount Requested	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Has your organization requested funding assistance in the last 12 months from, or does it plan to make an application to, any other municipal, provincial or federal department or agency?

YES _____ (If yes, please give history) NO _____

From Whom Requested	Date Requested	Amount Requested	Amount Received	Refused
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Please describe your organization's use of volunteers.

13. Does your organization provide grants, donations or contributions to other organizations or individuals? If so, please describe.

14. Please describe your fundraising activities both current and planned. (Attach separate sheet if required).

15. How does your organization acknowledge (or plan to acknowledge) the City.

16. Under the Accessibility for Ontarians with Disabilities Act (AODA), municipalities and their affiliates must give regard to persons with disabilities. Please describe how you will give regard to persons with disabilities within your programs and activities.

17. We certify to the best of our knowledge, the information provided in this application for a Grant is accurate and complete and is endorsed/approved by the Board or Committee of the organization which we represent.

Chairperson

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

Treasurer

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

Executive Director

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

Forward completed application with attached documentation to:

Kristine Douglas, BAcc, CMA
City of Welland
General Manager, Financial & Corporate Services/Treasurer
60 East Main Street
Welland, ON L3B 3X4

Phone (905) 735-1700, Ext. 2170
Fax (905) 732-1919
E-mail: kristine.douglas@welland.ca