



Township of Wainfleet
"Wainfleet - find your country side!"

Grant and Donation Application 2019

Application Deadline: November 1, 2018, 4:30 p.m.

Application No. _____ Date Received: _____
(Office use only) (Office use only)

A. Applicant Information

Organization Name:	
Organization Address:	
Postal Code:	
Number of Members:	
Primary Contact Person & Position Within Group:	
Contact Phone Number:	
Contact Email:	
Type of Organization:	<input type="checkbox"/> Not-for-profit Incorporation #: <input type="checkbox"/> Charitable Organization Registration #: <input type="checkbox"/> Other (please specify):

**Township of Wainfleet
Municipal Grant and Donation
Eligibility Checklist**



Eligibility Checklist

Please ensure that you answer all questions in the checklist and submit it along with your Application and financial statements.

Eligibility Information

Name of Applicant Group/Organization: _____

1. Is your organization an incorporated non-profit?

YES NO

Incorporation Number: _____

2. Is your organization a registered charity?

YES NO

Charitable Registration Number: _____

3. Is your organization made up of volunteers?

YES NO

4. When was your organization established?

YYYY/MM/DD

5. Does your organization have designated executive members or a Trustee who will assume responsibility for the administration of the funds provided?

YES NO

6. Is your organization located within the Niagara Region, or provide a direct benefit to the Township of Wainfleet and/or its ratepayers?

YES NO

**7. Does your organization's service boundaries include the Township of Wainfleet AND either:
- at least one service, program, or activity location is in the Township, OR
- 50% or more of the individuals served reside in the Township**

YES NO

B. Grant Request Information (Please select the category of funding)

Category (check one)	Description
<input type="checkbox"/> Operating Support	Funding assists with the general operating expenses of an applicant, including administrative costs and program-related expenses. Awarded to support an on-going community based program recognized as a priority within the community.
<input type="checkbox"/> Community, Social, Recreation and Parks	Funding assists with community based recreation programming, seniors programming or property and community facilities maintenance (buildings, sites, trails, beaches).
<input type="checkbox"/> Community, Cultural and Heritage	Funding supports cultural and heritage conservation and public education.
<input type="checkbox"/> Community Festival and Event	A one-time or recurring event that Council has determined provides some significant benefit to the community, and is open to all members of the public.
<input type="checkbox"/> Community Development	Funding to support: <ul style="list-style-type: none"> • economic advancement of the community, • education and training of people within the community, • health and welfare of people within the community.

1. Type of Donation Request:

Financial Assistance: \$ _____

In-kind Service request (includes fee waivers):

2. Reason for requesting grant or donation (Please indicate how Township funds will be used.)**3. Purpose or principal objective of your group or organization** (Please describe the goal or mission of the organization.)**4. Please describe in detail how funding your group or organization will benefit Wainfleet residents.**

5. i) If your group or organization provides a service/program/event/project to Wainfleet residents, please describe below.

ii) Is the service/ program/ event/ project provided in Wainfleet?

YES NO

iii) How many Wainfleet residents will directly benefit from this service/ program/ event/ project?

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

7. Has your group or organization made a grant request to Wainfleet Council in the past? If so, when and how much?

YES (if yes, please give history below) NO

Year Requested	Amount Requested	Amount Received

8. Has your organization requested funding assistance in the last 12 months from, or does it plan to make an application to, other organizations (e.g. federal, provincial or other municipal governments, private corporations, etc.)?

YES (if yes, please give history below) NO

From Whom Requested	Year Requested	Amount Requested	Amount Received

9. If your request for Township funds is denied or reduced, please describe in detail the effect this will have on your group or organization.
10. Does your group or organization provide a service for which a charge is made? If yes, please provide details.
11. Have you attached your statement of revenues and expenditures? If not, why?

Please summarize the major elements of the budget of your project or organization's operating budget (or attach a copy of the budget of your organization or project):

BUDGET			
Revenue		Expenditure	
Revenue Source Details	\$ Amount	Expenditure Details	\$ Amount
Organization \$ Contribution			
Fundraising			
Donations			
In Kind (if applicable)			
Other Municipalities (if applicable)			
Borrow (if applicable)			
Grant Request			
Other - Specify			
Other - Specify			
Total Estimated Revenue		Total Estimated Expenditures	

The following reports have been submitted as part of this application:

- A budget for the upcoming fiscal year or event
- Financial statements from the previous event or fiscal year

C. Payment

If your application is successful, please indicate the following:

Payable to: _____

Mailing address:

Application Checklist

- Have you completed the "Eligibility Checklist"?
- Have you attached your organization's most recent, complete full year's financial statements, including income statement/profit & loss and balance sheet?
Statements must be either audited or signed by two officers of the organization.
- Have you completed all required sections of this application?

D. Signatures

Please have two signing officers of your organization complete the following.

We certify, to the best of our knowledge, that the information provided in this grant application is accurate and complete, that it is endorsed by the group that we represent, and that we have read the policy and provisions and agree to all terms and conditions therein.

_____ Signature 1	_____ Title	_____ Date
_____ (Print Name)		

_____ Signature 2	_____ Title	_____ Date
_____ (Print Name)		

The granting of assistance in one year or over several years is not to be interpreted as a commitment to future funding. All organizations are required to apply in every year that a grant from the Township of Wainfleet is requested and such application will be subject to annual evaluation.

E. Contact Information

Please forward a hardcopy of your application with attached documentation to:

By Email to: grants@wainfleet.ca

Or Mail to: Adam Cross, Manager of Corporate Services/Treasurer
Corporation of the Township of Wainfleet
31940 Hwy #3
P.O. Box 40
Wainfleet, ON
L0S 1V0

Phone: 905-899-3463 ext. 276
Fax: 905-899-2340

Personal information, as defined by 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 the provisions of MFIPPA. Personal information on this form and the Eligibility Checklist will be used for the purpose of assessing Grant Program applications, making decisions about grant allocations, reporting on statistics about the grant program, and to send you updates about the grant program and grant program allocations. Information such as your organization name, contact, vision, mission, activities, and that you have applied for a grant will be made public as part of the grant evaluation process. If you have questions about this collection; use, and disclosure of this information, contact the Township by phone at 905-899-3463 x 276 or by email at grants@wainfleet.ca.