



**Township of Wainfleet**  
*"Wainfleet – find your country side!"*

## **Grant and Donation Application 2020**

**Application Deadline: November 1, 2019, 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"> <li>• economic advancement of the community,</li> <li>• education and training of people within the community,</li> <li>• health and welfare of people within the community.</li> </ul>

**1. Type of Donation Request:**

**Basic Financial Assistance Requested:** \$ \_\_\_\_\_

**Additional In-kind Service Requested:** *(please include full details including dates, times, etc)*

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**2. Reason for requesting grant or donation** (Please indicate how Township funds will be used.)

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**3. Purpose or principal objective of your group or organization** (Please describe the goal or mission of the organization.)

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**4. Please describe in detail how funding your group or organization will benefit Wainfleet residents.**

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

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- 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?

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

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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.

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10. Does your group or organization provide a service for which a charge is made? If yes, please provide details.

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11. Have you attached your statement of revenues and expenditures? If not, why?

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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			
<b>Total Estimated Revenue</b>		<b>Total Estimated Expenditures</b>	

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. 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?

As per the Township's Municipal Grant Policy, successful applicants who receive funding from the Township must report on how the funding was spent and the impact the funding achieved. Reports must be submitted to the Township by November 30<sup>th</sup> of the same year for which the grant is awarded. If the Township does not receive your report by said date, you will not be eligible to submit a request for funding in the future.

X \_\_\_\_\_ Please initial here that you have read and understood the above information.

