



P.O. Box 129, 1 Bailey Street, Port Carling, Ontario, P0B 1J0
Website: www.muskokalakes.ca
Phone: 705-765-3156
Fax: 705-765-6755

GRANT APPLICATION FORM

Organization: _____

Amount Requested: _____ Amount Received in Previous Year: _____

** The information provided in this application will be reviewed by a restricted number of Township of Muskoka Lakes personnel and the Council appointed Committee. All information will remain confidential.*

GRANT REQUIREMENTS CHECKLIST

Applicants to the Township of Muskoka Lakes Grants Program must provide a completed application form (all questions answered) and include the following information and attachments:

- One original grant application signed by a responsible person of the organization.
- Non-profit incorporation number, if applicable and charitable registration number, if applicable.
- A fully completed Financial Budget Form and provide most recent financial statement showing all sources of funding and all costs of the organization.
- Support materials, such as annual reports, promotional material, etc. (1 copy only)
- Applicant agrees to complete evaluation form.

Send completed applications to:

Township of Muskoka Lakes
P.O. Box 129, 1 Bailey Street
Port Carling, ON P0B 1J0

Attn: Corey Moore, Communications & Economic Development Specialist

ORGANIZATION INFORMATION

Name of Group/Organization/Event: _____

Address: _____

Contact Person's Name: _____

Contact Person's Address (If different from above): _____

*Contact Person's Telephone #: _____ *Contact Person's Email: _____

Number of Years Organization has been in Operation: _____

Charitable Status Number: _____ Non-for-Profit Incorporation Number: _____

** Please ensure contact person can be reached year-round.*

CONDITIONS OF GRANT

The applicant agrees to allow the Township Treasurer, or their designate, to examine any records of the applicant to ascertain that the funds granted by the Township to the applicant have been properly expended for the purposes herein described.

No grant will be made retroactively to fund deficits or shortfalls. Commitments made by an applicant prior to, or in anticipation of official written notification that a grant has been approved are done at the applicant's risk. In the event that an application is rejected, the Township will not be responsible for expenditures already incurred.

All funding is subject to Council budget approval. The [Grants to Organizations Policy C-FS-09](#) establishes eligibility requirements and criteria, identifies the type of funding available and outlines the application process.

I/WE certify that the information in the application is true and correct, INCLUDING INFORMATION ON THE FINANCIAL BUDGET FORM.

Authorized Signatures:

President/Chair: _____ Date: _____

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, all information gathered will be used for the purpose of selection of applicants for community grants. The applicant hereby consents to the disclosure of information contained in this submission, pursuant to The Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C.M. 56. If an applicant proponent believes that all or part of the submission should be protected from release, the relevant sections should be clearly marked as confidential. This shall not automatically protect a submission from release, but shall assist the Township in making a determination on release if a Freedom of Information request is made. The identity of successful applicants, as well as the community grant level of funding awarded may be available to the public on the Township website.

1. TYPE OF GRANT

Check those that apply:

- **Community** – Local program, service, or activity.
- **Event or Festival** – Enhance new and existing events or festivals.

Date(s): _____

Location(s): _____

2. DESCRIPTION

Describe the event or project (please attach a separate sheet if more space is required).

3. PREVIOUS FUNDING

If your organization received a previous Grant from the Township, please report on project results or outcomes including the number of people who participated, amount received and amount spent.

4. PURPOSE OF FUNDING

Describe specifically how the requested funds will be used.

5. IMPACT

What impact will this event or project have on the community?

6. SUPPORT

What other community and financial support (funding, partnerships, in-kind, volunteers) have you been able to attract for this activity/service?

7. PARTICIPANTS

Who is your target audience and how many clients or patrons do you expect to serve this year?

8. EVALUATION

How will you measure the success of your proposed project? (number of attendees, vendors, partners, sponsors, etc.)

9. RECOGNITION

If successful, how will you formally recognize the Township's contribution?

10. GROUP/COMMITTEE/BOARD MEMBERS

Provide a list of the committee members' names, addresses, positions on the committee, and phone numbers.

	Name	Position	Address	Phone Number
1				
2				
3				
4				
5				
6				

BUDGET FORM

	2019	2020
<u>REVENUE</u>		
Income to be derived from your activity or event (if any). Itemize sales, donations, etc.:		
Township of Muskoka Lakes Grant Request:		
Monetary grants from other sources (list):		
Total Revenue:	_____	_____
<u>EXPENSES</u>		
Itemize rents, phone, accounting, insurance, legal, meals, training, materials, supplies, travel, transportation, advertising, etc.:		
Total Expenses:	_____	_____
Difference Between Income & Expenses:	=====	=====
Please list any previous grants received from the Township of Muskoka Lakes in the 5 previous years.	Year	Amount