



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 EVALUATION FORM

Name of Group/Organization/Event: _____

Amount Received: _____ Amount Spent: _____

** 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.*

INFORMATION

Contact Person's Name: _____

*Contact Person's Telephone #: _____

*Contact Person's Email: _____

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

GRANT OUTCOMES

**Event and festival grant only.*

Event/program/project for which you are reporting, including location/venue and timing.

How many people participated? _____ How many volunteers? _____

*External marketing budget: \$ _____

Indicate actual outcomes of the event/program/project and how the organization measured them.

FINANCIAL

REVENUE

Municipal grant received: \$ _____

Actual amount contributed by the organization: \$ _____

Actual amount contributed by partners: \$ _____

Actual amount contributed by granting agencies, sponsors: \$ _____

Actual total for event/program/project: \$ _____

EXPENSES

Expenses itemized by major category (i.e., wages, program costs etc.) \$ _____

SURPLUS/DEFICIT

Deficit (D) or Surplus (S) generated by the event/program/project: \$ _____

If surplus, how will it be used.

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.