



COVID-19 COMMUNITY RELIEF FUND

GRANT APPLICATION FORM

Organization: _____

Amount Requested: _____

GRANT REQUIREMENTS CHECKLIST

Applicants must provide a completed application form (all questions answered) and include the following information and attachments:

- One original application signed by a responsible person of the organization.
- Non-profit incorporation number, if applicable and charitable registration number, if applicable.
- A fully completed Budget Form.
- 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: _____



COVID-19 COMMUNITY RELIEF FUND

* 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.

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



COVID-19 COMMUNITY RELIEF FUND

1. DESCRIPTION

Describe your organization (please attach a separate sheet if more space is required).

4. PURPOSE OF FUNDING

Describe specifically how the requested funds will be used.



COVID-19 COMMUNITY RELIEF FUND

5. IMPACT

What impact will this 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?



COVID-19 COMMUNITY RELIEF FUND

7. PARTICIPANTS

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

10. GROUP/COMMITTEE/BOARD MEMBERS

Provide a list of the committee members'.

	Name	Position	Address	Phone Number
1				
2				
3				



COVID-19 COMMUNITY RELIEF FUND

BUDGET FORM

	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:	_____