

**TOWN  
OF  
GANANOQUE**

**COMMUNITY GRANTS  
PROGRAM  
2016**

## Gananoque Community Grants Program

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Gananoque to evaluate and recommend funding allocations. Applications will be reviewed in an open, to the public, meeting format of Committee and Council.

### **C. ORGANIZATION FINANCIAL INFORMATION**

**C1.** Please include in your application submission –

- a) Copies of your organization's financial statements for the past 2 years. Statements must include a Balance Sheet (all assets & liabilities including cash reserves) and an Income Statement.
- b) An operating budget for the current year. If you have included activities that are part of this grant request, please also note requested financial support from the Town of Gananoque as a potential revenue source.
- c) List of current board members.

CORPORATE INFORMATION ATTACHED

**C2.** Has your organization received financial support from the Town of Gananoque in the past?

If so, please indicate amounts and purposes. NO

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**C3.** In addition to items noted in C1, please outline below your organization's sources of operating revenue. This will assist in our financial review of your organization.

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)	
Membership Fees	START JP 2017	\$ 7200. <sup>00</sup>	
Program Fees / Fees for Service	/	\$ 30 PER PERSON PER MONTH	
Other (non-Town) Government Funding		0	
Other Grants		0	
Fundraising		\$ 20,000. <sup>00</sup>	
Sponsorship		\$ 5-10,000. <sup>00</sup>	
Donations		\$ 2-5000. <sup>00</sup>	
Gifts In Kind			
Other (please specify)			
Total Revenues:			\$ 42,200. <sup>00</sup>

**C4. TOWN OF GANANOQUE COMMUNITY GRANTS**

DATE: MARCH 21 2017

APPLICATION FOR: (Select One) GROUP PROJECT:  INDIVIDUAL:  TRAVEL:

ORGANIZATION'S NAME: THOUSAND ISLAND YOUTH BOXING CLUB

ADDRESS & POSTAL CODE: 225 WELLINGTON ST.

TELEPHONE: 613-530 5461 EMAIL: ntpcmc@gmail.com FAX: 613-          

PRESIDENT OR CEO: PETER HENSHAW TELEPHONE: 613-530 5461

CONTACT PERSON: PETER HENSHAW TELEPHONE: 613-530 5461

NUMBER TOWN MEMBERS: 3 NUMBER OTHER MEMBERS: 1

MEMBERSHIP FEE: \$30 PER PERSON PER MONTH SERVICE/CLIENT FEE: 0

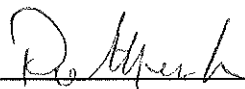
FUNDING AMOUNT REQUESTED: \$ 20,000

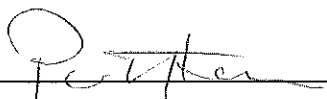
**Post Event/Service RESULTS**

<p>1. DESCRIBE PROJECT. WE ARE A BOXING ONTARIO REGISTERED FACILITY TEACHING OLYMPIC STYLE BOXING. WE INSTILL RESPECT AND SELF ESTEEM IN ALL OF OUR MEMBERS AND WE ARE KNOWN TO PUT KIDS + ADOLESCENTS BACK ON TRACK WHO MAY BE HEADED FOR OR ALREADY IN TROUBLE.</p>	
<p>2. HOW WILL THE PROJECT ENHANCE THE TOWN OF GANANOQUE? AFFORDABLE SPORT AND PHYSICAL FITNESS FOR ALL. WE BRING PEOPLE OFF THE STREETS AND GIVE THEM PURPOSE AND "FAMILY" WE BUILD PEOPLE NOT FIGHTERS. THE CONFIDENCE AND RESPECT THIS SPORT GIVES CANNOT BE MATCHED.</p>	
<p>3. PLEASE ATTACH THE BUDGET SHOWING ALL EXPENDITURES AND ALL SOURCES OF REVENUE REGARDING THIS PROJECT. (Include the budget for this project showing expenditures and all sources of cash revenue as well as Donations in kind.)</p> <p><u>WE ARE A STARTUP</u></p>	

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<p>4. WHAT ARE YOUR FUNDRAISING ACTIVITIES AND/OR SPONSORSHIP PLANS FOR THE UPCOMING YEAR? WE WILL HOST EVENTS HERE IN TOWN SHOWCASING OUR BOXERS. WE WILL ALSO RUN HANDS ON TYPE FUNDRAISING WHICH WILL COORDINATE AND COOPERATE WITH TOWN EVENTS.</p>	
<p>5. IF YOUR GRANT REQUEST IS APPROVED, HOW WILL YOU NOTIFY THE COMMUNITY ABOUT YOUR RECEIPT OF FUNDS? AS A NON PROFIT ORG. WE WILL BE BUDGET RESTRICTED BUT SOCIAL MEDIA WILL BE OUR PRIMARY SOURCE OF INFORMATION REGARDING OUR ACTIVITIES. HOPEFULLY A WEB PAGE AT SOME POINT</p>	
<p>6. HOW WILL YOU BE AFFECTED IF THE GRANT IS NOT APPROVED OR IF A REDUCED AMOUNT IS GRANTED? THE GRANT WILL BE USED TO EQUIP OUR GYM. A RING AND TRAINING EQUIPMENT WILL NOT BE CHEAP AND WE WILL TO COVER A LARGE COST IF NEEDED. DETRIMENTAL</p>	
<p>7. HOW WILL YOU EVALUATE AND MEASURE THE SUCCESS OF YOUR PROPOSAL? THE POSITIVE ATTITUDES OUR MEMBERS SHOW. THE GOOD WORD SPREADING ABOUT THE SPORT WHICH SURFERS HAVE MISCONCEPTIONS. THE GROWTH OF NUMBERS AND THE NEW FEEL ON THE STREETS OF GAN</p>	
<p>8. ADDITIONAL INFORMATION (Please attach any relevant information) INFORMATION I DEEM RELEVANT MAY NOT BELONG HERE BUT THIS TOWN IS LONG OVERDUE FOR THIS. THIS SPORT, THE TRAINING ALONE, BUILDS CHARACTER AND SELFESTEEM. THERE ARE NO MORE IMPORTANT QUALITIES FOR OUR YOUTH TO HAVE. I HAVE SEEN THIS SPORT SAVE LIVES.</p>	

PRES/CEO SIGNATURE: 

CONTACT SIGNATURE: 

**\* All grant recipients are required to prepare a final report on how the grant monies were expended, and the level of success of their project – see section C of the Community Grant Policy.**

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**C5.\* Proposal Budget**

Please note the following:

- If your request is for equipment or facility upgrades, a written quote (estimate) from a supplier or contractor is required. Please attach to your application.
- If your request is for a facility upgrade to a site you do not own, please include a letter permitting this work to be done (if funding is approved) from the facility owner.

Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. Please complete the priority ranking section in the chart below for this purpose (1 = highest priority/most needed).

Expected Costs Description	\$ Amount	Priority Ranking	Expected Funding Sources	\$ Amount	Confirmed	Requested
1 BOXING RING	\$6995.00	2	TOWN GRANT Comm.	6995.00		
FACILITY LEASE	\$12,000.00	1	TOWN GRANT Comm.	12,000.00		
1 SPEED BAG	\$700.00	3	SPONSORSHIP	700.00		
8 HEAVY BAGS	\$2400.00	3	SPONSORSHIP	\$2400.00		
FLOORMATS	\$3500.00		SPONSORSHIP	\$2500-3000.00		
HEADSETS	\$640.00		OWN SAVINGS	\$640.00		
MISCELLANEOUS	\$1500		OWN SAVINGS	\$2,700.00		
Sub-Total:	\$28,435.00		Sub-Total:	\$28,435.00		

Funding Request: \$ 20,000

**In-Kind Contributions** (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	Confirmed	Requested
Total:				