

**TOWN
OF
GANANOQUE**

**COMMUNITY GRANTS
PROGRAM APPLICATION**

TOWN OF GANANOQUE COMMUNITY GRANTS

DATE: _____

APPLICATION FOR: (Select One)

GROUP PROJECT:_____ **INDIVIDUAL:**_____ **TRAVEL:**_____

ORGANIZATION'S NAME:

ADDRESS & POSTAL CODE:

TELEPHONE: 613-_____ **EMAIL:**_____ **FAX:613-**_____

PRESIDENT, CEO or Chair:_____ **TELEPHONE:613-**_____

CONTACT PERSON:_____ **TELEPHONE: 613-**_____

NUMBER TOWN MEMBERS:_____ **NUMBER OTHER MEMBERS:**_____

MEMBERSHIP FEE:_____ **SERVICE/CLIENT FEE:**_____

FUNDING AMOUNT REQUESTED: \$_____

ORGANIZATION FINANCIAL INFORMATION

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.

Has your organization or event received financial support from the Town of Gananoque in the past?

If so, please indicate amounts and purposes.

Gananoque Community Grants Program

Please outline below your organization's sources of operating revenue. This will assist in the Committee's financial review of your organization.

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
Membership Fees		
Program Fees / Fees for Service		
Other (non-Town)Government Funding		
Other Grants		
Fundraising		
Sponsorship		
Donations		
Gifts In Kind		
Other (please specify)		
Total Revenues:		

***Post Event/Service
RESULTS***

1. DESCRIBE PROJECT.	
2. HOW WILL THE PROJECT BENEFIT THE TOWN OF GANANOQUE?	
3. WHAT ARE YOUR FUNDRAISING ACTIVITIES AND/OR SPONSORSHIP PLANS FOR THE UPCOMING YEAR?	
4. IF YOUR GRANT REQUEST IS APPROVED, HOW WILL YOU NOTIFY THE COMMUNITY ABOUT YOUR RECEIPT OF FUNDS?	
5. HOW WILL YOU BE AFFECTED IF THE GRANT IS NOT APPROVED OR IF A REDUCED AMOUNT IS GRANTED?	
6. HOW WILL YOU EVALUATE AND MEASURE THE SUCCESS OF YOUR PROPOSAL?	
7. ADDITIONAL INFORMATION (Please attach any relevant information)	

Gananoque Community Grants Program

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	Expected Funding Sources	\$ Amount	Priority	Requested
Sub-Total:			Sub-Total:			

Funding Request: \$ _____

Gananoque Community Grants Program

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

Contribution	Estimated \$ Value	Donor	Confirmed	Requested
Total:				

* Please refer to sample (below) provided for assistance on completing this section of the application.

SAMPLE

Proposal Budget (to be completed by ALL Applicants)

Expected Costs Description	\$ Amount	Priority	Expected Funding Sources	\$ Amount	Confirmed	Requested
1. Training for Volunteers (2 sessions X \$75/coach X 25 coaches)	\$3,750.00	1	Membership Fees Town Community Grants Committee	\$1,875.00 \$1,875.00		
2. Equipment (quote attached) (10 bats x \$100 each + tax)	\$1,130.00	2	Town Community Grants Committee	\$1,130.00		
3. Storage Containers (quote attached) (48 units needed x 26.50 each) + tax	\$1,437.36	3	Own Savings Account (12 units) Town Community Grants Comm. (36 units)	\$ 359.34 \$1,078.02		
Sub-Total:	\$6,317.36		Sub-Total:	\$6,317.36		

Funding Request: \$ 4,084.00 = total (rounded) of expected funding source
(Town Community Grants Committee shown as requested items)

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

Contribution	Estimated \$ Value	Donor	Confirmed	Requested
Training Space				
\$20/hour x 7 hours x 2 sessions	\$280.00	123 Cares Inc.		
Refreshments for training	\$200.00	Groceries 4 You		
Total:	\$480.00			

PRES/CEO/ CHAIR 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**