



Lambton Shores Municipal Grant/Assistance Application Form

Note: Grants or other assistance in any one year or over several years is not to be interpreted as a commitment of future years funding.

1. Name of Organization(s):

Contact Person: _____

Position: _____

Mailing Address: _____

Telephone: _____

Fax: _____

2. Assistance Requested (check appropriate box(es) and indicate dollar amount):

Financial Grant \$ _____

Fee Waiver (s) \$ _____

Details of In-Kind Assistance Requested:

Staff Support

Equipment/Materials Supply

Insurance Coverage

Use of Municipal Property/Facilities

Other

Note: If this application includes any assistance other than direct financial grant, please outline details of request (i.e. type and estimated hours of staff support, facilities to be used, dates, etc.)

3. If request is for a Special Event - Brief Description of the Event; including objectives or the benefits to the community resulting from the event

4. Organizational Details:

Note: Group constitution by-laws may be submitted in place of completing items 1 and 2 below.

4.1 Provide a brief outline of your organization, and indicate if it is incorporated as a non-profit organization.

4.2 What are the general objectives/services of your organization? (Please make reference to the categories for funding in the "Community Grant Program" policy)

4.3 Does your organization provide a service to:

- a) All citizens _____
- b) A specific group _____ If so, specify: _____
- c) A specific area _____ If so, specify: _____

4.4 In what geographical area does your organization operate?

4.5 For what specific purposes are the requested grant funds to be utilized within your organization?

4.6 Have you received funding from the Municipality in prior years? If so, provide details?

4.7 Has your organization requested financial assistance in the last 12 months from other government organizations? If so, please list with amounts received.

5. List of the Executives of your Organization

6. What other steps are being taken to provide revenue? (i.e. admission fees, fund raising etc.)

7. Budget for the event/organization, and the organization's financial statement from the previous year; or financial statement from the previous years' event on the attached form.

a. For groups showing a surplus, a statement of intended use of the surplus

b. For groups showing a deficit, a statement as to how the deficit will be eradicated

Name/Title of Officer making application

Signature

Date

Daytime Telephone Number

Completed applications are to be forwarded to:

Municipality of Lambton Shores

9575 Port Franks Road, R. R. # 1

Theford, Ontario NOM 2NO

Attention: Ashley Albert P) 519-243-1400 F) 519-243-3500

FOR MUNICIPAL USE ONLY:

Date Received: _____

Application Complete ___ Yes ___ No – Items required _____

Date to Council: _____

Approved: _____ Denied: _____

If Approved: Date of Cheque requisition: _____

Date Cheque issued: _____

Statement of Revenues and Expenditures

(Name of Organization)

For the Year Ending _____

Sources of Revenue

Current Budget

Last Year Actual

(list separately)

\$ _____

\$ _____

(Include ticket sales, user fees,

Fund raising events, service charges, etc.)

From Grants – include all municipal, provincial and federal grants

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Revenues: \$ _____ \$ _____

Expenditures:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Administration Costs: (List separately)

IE: permit fees, printing etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____

