



Community Fund Application Form

Note: Eligible organizations must submit the completed application form to the CAO/Treasurer on or before September 30th or 60 days prior to the event date to be considered for a community fund grant.

Applicant Information

Name of Group:	
Contact Person:	
Address:	
Phone:	
Email:	
Which of the following best describes the organization:	<input type="checkbox"/> Community Group <input type="checkbox"/> Registered Non-Profit <input type="checkbox"/> Other
Is this the only request for this fiscal year?	
Purpose of Request:	

Event/Program Information

Date:	
Fee Type:	
Fee Amount:	
Description of Event:	
Location:	
Admission/Participation Fee:	
Open to the Public;	
Anticipated Attendance:	

Funding Request

Requested amount to be donated/waived:	
Description of Need:	
Have you received any other sources of funding:	

Terms and Conditions

In the event that a grant is awarded, the applicant agrees to the following:

- Recognition of the Township’s grant must be given on promotional materials or at the event; and the Township’s logo must be placed on all promotional materials.
- Cheques can only be made out to Organizations. No cheques will be made payable to individuals.
- Any unspent funds at the end of the project must be returned to the Township of Stirling-Rawdon.
- Within one year of the receipt of funds from the Township, or before a new grant application can be submitted, the successful applicant must comply with the following:
 - provide the CAO/Treasurer with a written report outlining the following:
 - project title;
 - how the objectives outlined in the original application were achieved;
 - any photos or testimonials would be an asset to the report.

Failure to submit the report, and or meet any of the grant conditions outlined above will result in the organization being ineligible to apply for funding in future years or any approved funds may be withheld until such time the above conditions are met.

I agree to the terms and conditions outlined above. The information contained in this application is, to the best of my knowledge, true and correct. I acknowledge that the contents of this application may be discussed in an open Committee/Council meeting.

Print Name	Title/Position	Signature
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Date

For Office Use Only:

Meets Criteria	<input type="checkbox"/>	Does not meet Criteria	<input type="checkbox"/>
Request Approved	<input type="checkbox"/>	Request Denied	<input type="checkbox"/>

Comments:
