



TOWN OF SHELburnE

203 Main Street East,
Shelburne, ON L9V 3K7
Phone: 519-925-2600
Fax: 519-925-6134
Email: shelburne@shelburne.ca
Website: www.shelburne.ca

APPLICATION FOR FINANCIAL SUPPORT

GENERAL FUNDING

(please print information)

Organization Name:

Full Mailing Address:

Contact Person: _____ Email: _____

Phone: (day) _____ (evening) _____ (fax) _____

1 AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED:

\$ _____

2 How will the funds be used?

3 Have funds been requested from other levels of government? Yes____No____
If yes, please indicate to which level of government and the current status of the request:

4 Details of fund-raising activities planned for this year (use a separate sheet if necessary)

5 Outline the mission, purpose and objectives of your organization:

6 How does the Town of Shelburne community benefit from your activities?

7 Who takes part in your activities or makes use of your services (including ages if applicable)?

8 Percentage of membership/registrants who are Town of Shelburne residents:

Current Year:_____

Previous Year:_____

9 What amount of your annual expenses are used to support the administration of your organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage, rent, utilities, accounting) \$ _____ % _____

10 Please provide a listing of your membership fees, fees for service and/or participation fees.

11 Has your organization previously received grants from the Town of Shelburne:

Yes _____ No _____

If yes, please list the grant amounts received from the last 3 successful requests:

Year _____ Amount _____
Year _____ Amount _____
Year _____ Amount _____

12 Do you donate funds to any other group? Yes _____ No _____

If yes, to whom and for what purpose:

13 Is your organization registered as a charitable or non-profit organization?

Circle as applicable: Charitable Non-Profit

Registration number: _____

(This section must be completed)

14 How long has your organization been in operation? _____

15 Annual Meeting Date: _____

16 If you are reapplying for this grant, please outline how the grant money you received last year was spent.

17 Officers for current year:

President: Name: _____
Address: _____
Phone: (Res) _____ (Bus) _____

Secretary: Name: _____
Address: _____
Phone: (Res) _____ (Bus) _____

Treasurer: Name: _____
Address: _____
Phone: (Res) _____ (Bus) _____

Date: _____ Signature: _____

FOR OFFICE USE ONLY		
APPLICATION RECEIVED:	APPROVED:	AMOUNT:
COMMITTEE MTG. DATE:	DENIED:	COMMENTS:

FINANCIAL STATEMENT

Outline your organization's sources of operating revenue:

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
Membership fees		
Program fees / fees for service		
Other government funding		
Other grants		
Fundraising		
Sponsorship		
Donations		
Gifts In Kind		
Other (please specify)		
<i>Total Revenues:</i>		

PROPOSED BUDGET

Expected Costs Description	\$ Amount	Expected Funding Sources	\$ Amount	√ confirmed	√ requested
<i>Sub-Total:</i>		<i>Sub-Total:</i>			

Funding Request: \$ _____

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

Contribution	Estimated \$ Value	Donor	√ confirmed	√ requested
<i>Total:</i>				

Volunteer Support (associated with the proposal)

#of volunteers involved: _____ Total hours of volunteer time contributed: _____