



CORPORATION OF THE TOWN OF SHELBURNE

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APPLICATION FOR FINANCIAL SUPPORT

In accordance with the Municipal Grant Funding Policy

(Deadline: August 31 annually)

Note: In accordance with Section 6.6 of the Municipal Grant Funding Policy, Page 2 of this application package will be kept confidential as it contains personal contact information collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. Questions about the collection of personal information should be directed to the Clerk at 519-925-2600.

The remaining pages of this application will be circulated in a council agenda package for transparency and accountability purposes to the public and Town of Shelburne taxpayers. The council agenda is a public document and forms part of the permanent public record.

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Organization Name: _____

Full Mailing Address: _____

Key Project Contact Person	
Role in the Organization	
Address	
Phone Number(s)	
Email Address	
Other Contact (s) President / Chair / Secretary	
Address	
Phone Number(s)	
Organization Website	

Is your organization registered as a charitable or non-profit organization? If no, then indicate partner organization (if any) and their registration number.

Partner Organization: _____

Choose One: Charitable Non-Profit

Registration Number: _____

Date Organization Established: _____

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Organization Name: _____

Website: _____ **Social Media Sites:** _____

Date Organization Established: _____

AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED: _____

1. What type of grant(s) or support are you requesting? _____

- a. Corporate Grant
- b. In-Kind Contribution(s)
- c. Special Event Grant
- d. Community Event Grant
- e. Sponsorship Funding

2. Is the project/event being held in the Town of Shelburne? Yes No

3. Outline the mission and purpose of your organization.

4. Outline the purpose and objective of your project/event, and how the funds will be utilized.

5. Which Council Priorities does your project/event address and briefly explain how. (listed on last page of application form)

6. Have funds been requested from the County of Dufferin? Yes No

If yes, please indicate how much and the current status of the request.

7. Have funds been requested from other government agencies? Yes No

If yes, please indicate to which government agency, how much and the current status of the request.

8. Provide details of any additional fund-raising activities planned to support this project/event.

9. How do the Town of Shelburne residents benefit from this project/event?

10. How does the Organization’s project/event benefit from receiving a grant?
11. Who takes part in the activities or makes use of the services with respect to this project/event?
(i.e. youth, seniors, marginalized groups, all members of the public)
12. What estimated percentage of the population that participates in this project/event are Town of Shelburne residents?
- 0-24%

25-49%

50-74%

75-100%
13. Provide a plan for the implementation of this project/event – timelines and key milestones:

STEP	ACTIVITY	DATE

14. 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

15. Does your organization donate funds to other groups? Yes No

If yes, to whom and for what purpose:

16. Please attach the following with your application:

- a. Financial Statements of the preceding year (balance sheet, income statement)
- b. Evidence of surplus/deficit from the preceding year
- c. Bank Statement indicating bank balance for the preceding year end
- d. Copies of invoices paid from prior year grant funds if you are a returning applicant

Please note these additional documents will not be distributed in the public agenda but will be provided to Council and/or the Grant Funding Committee for their review.

17. If there are any other comments that you would like to include that may assist Council when considering this application, please provide details below or on a separate page:

PROPOSED CASH BUDGET FOR THE PROJECT / EVENT

Expected Cost Description	Dollar Amount \$	Expected Funding Source	Dollar Amount \$	Confirmed	Requested
Total Costs		Total Revenues			

Note: the Total Costs should be equal to the Total Revenues

PROPOSED IN-KIND CONTRIBUTIONS FOR THE PROJECT/EVENT

Contribution Type (space, materials, labour)	Dollar Amount \$	Donor Source (Town or other) Please identify who	Confirmed	Requested
Total In-Kind Contributions				

***Note: If the In-Kind Contribution is being asked of the Town of Shelburne, the Town will complete the dollar value.**

2022-2026 Council Priorities (for answering question 4)

Sustainable

- SP1 Responsible financial management through long term planning.
- SP2 Invest in critical infrastructure and services for the future.
- SP3 Promote balanced growth.
- SP4 Support environmental sustainability.
- SP5 Build responsive organizational capacity.

Engaged

- EP1 Promote effective partnerships.
- EP2 Improve technology.
- EP3 Consultation and collaboration with community.
- EP4 Support effective communication.

Livable

- L1 Promote diversity, equity and inclusion.
- L2 Improve and enhance parks and recreation services.
- L3 Promote strong local economy.
- L4 Support and celebrate arts and culture.
- L5 Expand people friendly transportation networks.