



# Township of Blandford-Blenheim

47 Wilmot Street South / Box 100  
Drumbo, Ontario N0J 1G0

Phone: (519) 463-5347  
Fax: (519) 463-5881  
Website: [www.blandfordblenheim.ca](http://www.blandfordblenheim.ca)

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## COUNCIL GRANT & SUBSIDY APPLICATION

**Note: Applications to the Township of Blandford-Blenheim for Grant Funding will be accepted no later than January 31 each year.**

**Please print neatly.**

Organization name \_\_\_\_\_

Contact Person \_\_\_\_\_

*Must have signing authority*

*Position*

Telephone numbers \_\_\_\_\_

Home

Work

Cell

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Proposal \_\_\_\_\_

Date of Proposed Event \_\_\_\_\_ Location \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_

Please indicate the support being requested

- Financial Assistance
- Service or Project
- Waiving of Facility Fees for Plattsville Arena, Community Halls, Parks, Sport Fields and Pavilions
- Other (describe) \_\_\_\_\_

**FUNDING AMOUNT REQUESTED: \$ \_\_\_\_\_ (maximum \$1,000)**

## GRANT FUNDING APPLICATION

### Proposal Summary

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.

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Please check on category that best suits your request for assistance. Refer to the Policy for General Grants for category definitions.

- Tourism/Economic
- Community
- The Arts
- Culture and Heritage
- Other (describe) \_\_\_\_\_

**Note:** organizers of parades are required to provide liability insurance in the amount of \$5 million naming the Township of Blandford-Blenheim as additional insured.

### Community Support

Please describe how your proposal supports the Township of Blandford-Blenheim.

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### Eligibility

1. Are you a non-profit organization?
  - Yes
  - No

2. Please provide your Revenue Canada Charitable Registration Number (if applicable)

\_\_\_\_\_

3. Is your organization located within the Township of Blandford-Blenheim?

- Yes
- No      Where? \_\_\_\_\_

4. Will this proposal provide services to the citizens of the Township of Blandford-Blenheim?

- Yes
- No

5. Has your organization made any other application to the Township of Blandford-Blenheim for financial assistance during the current year?

- Yes      When? \_\_\_\_\_
- No

6. Has your organization received funding assistance from the Township of Blandford-Blenheim in prior years?

- Yes      When? \_\_\_\_\_ Amount \_\_\_\_\_
- No

7. Will your organization or another organization be the primary funder of this proposal?

- Yes, our organization
- Yes, another organization (please name) \_\_\_\_\_
- No

8. Will the assistance that the Township provides your organization be utilized **only** by your organization?

- Yes
- No      Name other organization(s) \_\_\_\_\_

**Community Need**

1. Please outline what community need is addressed by your proposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What efforts have been made to determine if there are similar programs or services currently being offered in the Township of Blandford-Blenheim?

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3. Outline the community support you have received for your proposal.

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4. How does your organization plan to promote or acknowledge the support of the Township of Blandford-Blenheim?

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**Organization Strength**

1. Is your organization governed by a community-based volunteer Board of Directors?

- Yes
- No

**Financial Condition**

- 1. Please complete schedule "B", Grant Funding Project Forecast with submission. Schedule "C" to be submitted to the Finance Department within 30 days after the project or program is complete.
  
- 2. Is your funding request due to funding decreases from other partners? (e.g., Federal Government, Provincial Government, etc.).
  - Yes
  - No

**Other Pertinent Information**

You are welcome to use the space below to provide any pertinent details about your proposal not covered in the preceding questions.

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**Thank you for your submission.**

**Please use the attached checklist to ensure all required documentation has been included.**

**CHECKLIST**

**Please confirm below that your organization has provided the required information with your application.**

- 1. Completed Application                      Date submitted: \_\_\_\_\_                       Yes  No
  
- 2. Financial Information:
  - a) Previous year's financial statement                       Yes    No
  - b) Current year's budget                       Yes    No
  - c) Completed Schedule B, Grant Funding Project Forecast                       Yes    No