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

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)

Proposal Summary

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

_____

_____

_____

_____

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.

_____

_____

_____

_____

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 received funding assistance from the Township of Blandford-Blenheim in prior years?
   - □ Yes When?_____Amount _____
   - □ No

6. Will your organization or another organization be the primary funder of this proposal?
   - □ Yes, our organization
   - □ Yes, another organization (please name) _____
   - □ No

7. Will the assistance that the Township provides your organization be utilized **only** by your organization?
   - □ Yes
   - □ No Name other organization(s) _____

8. Is your organization governed by a community-based volunteer Board of Directors?
   - □ Yes
   - □ No

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?

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

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

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.

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.