



TOWN OF WASAGA BEACH

GRANTS TO ORGANIZATIONS APPLICATION FORM

SECTION 1

1. APPLICATION ELIGIBILITY

The eligibility portion completed by the Applicant will be kept on file with the Town of Wasaga Beach.

A. LEGAL NAME OF THE ORGANIZATION: _____

Please list Board of Directors/Organizing Committee including addresses (or attach)

| NAME | ADDRESS |
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B. FULL LEGAL ADDRESS

Street/Box: _____

Town: _____ Province: _____ Postal Code: _____

C. TYPE OF ORGANIZATION:

ARTS/CULTURE RECREATION/SPORTS EVENT OTHER/SPECIFY

D. IS THE ORGANIZATION REGISTERED WITH REVENUE CANADA AS A CHARITY?

Yes No

Please provide registration number: _____

E. DESCRIBE WHO YOUR ORGANIZATION SERVES, I.E. WHAT IS YOUR ORGANIZATION'S MISSION?

F. WHO IN YOUR ORGANIZATION SHOULD WE CONTACT CONCERNING THIS APPLICATION?

Name: _____ Email: _____
Telephone (Day) _____ Telephone (Evening) _____

G. ALTERNATE CONTACT FOR YOUR ORGANIZATION:

Name: _____ Email: _____
Telephone (Day) _____ Telephone (Evening) _____

We the undersigned, declare that all information provided in and with this statement is factual and correct. *Please refer to the Municipal Freedom of Information and Protection of Privacy Act section for disclosure information.***

Print name of Principal Officer

Print name of Principal Officer

Signature of Principal Officer

Signature of Principal Officer

Title

Title

Date

Date

SECTION II

2. ATTACH FINANCIAL STATEMENT (most recent financial statement from your organization and if applicable, the most recent event where municipal funding was provided)

A. AMOUNT OF GRANT REQUEST \$ _____

A **maximum of \$5,000** can be requested as passed with COWOC Resolution #2015-32-03

Please note that for those organizations that qualify for a reduced Facility Rental Fee (By-Law #2015-100) are not eligible to request for funds to offset the cost of renting Town owned facilities.

B. SELECT THE TYPE OF PROJECT OR EVENT YOU ARE APPLYING FOR:

Council Grant One-Time Event Seed Funds Unique Need

C. BRIEFLY DESCRIBE YOUR PROJECT IN THE SPACE PROVIDED:

i. How will the grant assist your activities?

D. FUNDING RECAP OF PREVIOUS GRANT/S:

i. Did your organization receive any Wasaga Beach grants in the last two (2) years?

Yes No

ii. If YES, please indicate the year and amounts:

Year _____ Amount _____ Year _____ Amount _____

iii. How did your organization use the funding noted above?