



**TOWN OF
WASAGA BEACH**

**APPLICATION FORM
for
GRANTS TO ORGANIZATIONS
or
SPECIAL EVENT OR COMMUNITY EVENT SPONSORSHIP**

1. Save to computer | 2. Complete | 3. Print | 4. Sign | 5. Scan | 6. email to

katharine.middleton@wasagabeach.com

2. SECTION 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

B. FULL LEGAL ADDRESS

Street/Box: _____

Town: _____ Province: _____ Postal Code: _____

C. TYPE OF ORGANIZATION:

☐ ARTS/CULTURE ☐ RECREATION/SPORTS ☐ EVENT ☐ OTHER/SPECIFY

**D. IS YOUR ORGANIZATION NAMED ABOVE A NOT FOR PROFIT CORPORATION
OR 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)_____

H. APPLICATION SIGNATURE:

We the undersigned, declare that all information provided in and with this statement is factual and correct and that we have authority to sign on behalf of our organization. *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 2

FUNDING DETAILS (Please attach the most recent financial statement from your organization, and if applicable, the most recent occasion / event where municipal / government funding was provided)

A. AMOUNT REQUESTED:

AMOUNT OF GRANT REQUEST \$ _____
(not related to special events)

A maximum of \$5,000 can be requested.

AMOUNT OF SPONSORSHIP REQUEST \$ _____

Those organizations that qualify for reduced Facility Rental Fee are not eligible to request funds to offset the cost of renting Town owned facilities.

(Includes the total request for financial assistance/sponsorship, both monetary and municipal resources – refer to Financial Assistance Section of Policy)

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, source and amounts

☐ Year _____ Amount _____ ☐ Year _____ Amount _____

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

F. IF APPLYING FOR A SPECIAL EVENT OR COMMUNITY EVENT SPONSORSHIP:

i. What is your Anticipated Attendance? _____

ii. What will the funding be used for? Such as marketing, hiring of entertainment, etc.

iii. What marketing will you be doing for the event and by what means?

iii. Please attach a complete projection of the event budget including all revenues and expenses expected. A final version of the budget must be provided upon completion of the event with the post event report.

iv. Please include the names of individuals and organizations involved in organizing the event

v. Please provide your organizations website and all social media accounts
