



2010 COMMUNITY GRANT APPLICATION FORM

Organization: _____

Contact Person: _____

Phone: _____ Fax/email: _____

Grant stream: Community Project (Total value of request under \$1,000) Community Investment (Total value of request \$1,000 to \$5,000)

Note: This application is to be used for the Community Project Grants and Community Investment Grants Stream. Applicants for the Community Service Grants stream should contact the Treasurer regarding requests directly to Council prior to February 1, 2010.

Amount Requested for 2010: _____ (Includes In-kind value and/or cash contribution)

The information provided in this application will be reviewed by County staff, by the Grants Review Committee with a summary to Mayor and Council.

Conditions of Grant

Actual funding amounts allocated for community grants will be based upon available funding. Unless otherwise approved by Council no grant funding will be paid until such time as the annual budget has been approved.

Commitments made by an applicant prior to, or in anticipation of, official written notification that a grant has been approved are done at the applicant's risk. In the event that an application is rejected, the County will not be responsible for expenditures already incurred.

Any municipal grant funding that has not been spent in the year that it is received, shall be returned to the municipality.

I/We certify that the information in the application is true and correct, INCLUDING INFORMATION ON THE FINANCIAL INFORMATION FORM AND GROUP/ORGANIZATION FINANCIAL STATEMENT. I/We have read the eligibility criteria for Community Grants and confirm that the organization complies with all requirements. In addition, I/we agree that if successful a follow up report will be provided, as per the County's specification, including financial report within 3 months of the completion of the event/activity.

Authorized Signatures (two signatures):

1. _____
Applicant Date

Print Name: _____ Position/ Title: _____

2. _____
Applicant Date

Print Name: _____ Position/ Title: _____

In accordance with the municipal Freedom of Information and Protection of Privacy Act, all information gathered will be used for the purpose of selection of applications for community grants. The applicant hereby consents to disclosure of information contained in this submission, pursuant to The Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990. The identity of successful applicants as well as the community grant level of funding awarded will be available to the public on the County website and through budget reports.

COMMUNITY GRANT REQUIREMENTS CHECKLIST:

Applicants to the County of Prince Edward Community Grants Program must provide a **completed** application form (all questions answered) and include the following information and attachments:

- One original grant application and four (4) photocopies
- A fully completed Financial Information Form. This is to include complete financial information and the projected budget for the project. This information must be completed on the Financial Information Form
- Organization Financial Statement for Most Recent Fiscal Year (as prepared by organization for fiscal reporting or on sample form provided)
- Support materials, such as annual reports, promotional material, etc. (1 copy only)
- Submit by the deadline: Monday, February 15, 2010 at 4:00 p.m.

Send completed applications to:

Attention: James Hepburn, Treasurer
County of Prince Edward
Shire Hall
332 Main Street
Picton, ON K0K 2T0

1. ORGANIZATION INFORMATION

Name of Group/Organization _____

Address of Group/Organization

Civic Address: _____

Mailing Address: (if different from above) _____

Contact Person's Name: _____

Contact Person's Address: (if different from above) _____

Contact Person's Telephone Number: _____

Contact Person's E-mail: _____

Website: _____

Please respond to the following questions in the space provided or on a separate sheet. Every question must be answered.

6. 2009 FUNDING

If your organization received a grant from the County in 2009, please report on project results or outcomes including the number of people who participated.

7. PURPOSE OF FUNDING REQUEST

Describe how the requested funds will be used in 2010. *Note: include in-kind requests.*

8. NEED

Explain how your organization's proposed activity or service will fill a need in this Community and/or impact on this Community.

9. SUPPORT

What other Community support (funding, partnerships, in-kind, volunteers) do you have for this activity/service?

10. PARTICIPANTS

Who is your target audience? How many participants are expected? Will there be a charge to participate?

11. LOCATION

Describe the venue(s) where your proposed activity will take place and the importance of that setting to the success of your event. Is this location confirmed?

12. SIGNIFICANCE

Describe how the proposed activity or service relates to the County of Prince Edward Strategic Plan, the Economic Development Plans and/or Cultural Plan. (Documents are available on the County website: www.pecounty.on.ca)

13. MARKETING

What are the methods of promoting and marketing the activity or service?

14. HEALTH AND SAFETY/ACCESSIBILITY/ENVIRONMENTAL RESPONSIBILITIES

Describe the considerations and measures that will be taken to ensure Health and Safety, Accessibility, and Environmental Responsibilities (e.g. sufficient washrooms, access to all, minimal impact on location, use of recycling, etc) are met during this activity or service.

15. EVALUATION

How will you measure the success of your proposed project?

16. RECOGNITION

If this grant application is successful, how will you formally recognize the County's contribution?

17. BUDGET/FINANCIAL INFORMATION FORM

Please submit the budget for your activity or service. Please use the form below or attach a budget as prepared and approved by the group or organization.

County of Prince Edward 2010 Community Grant Proposed Budget			
Name of Group/Organization _____		Project Name _____	
Revenues	Description	Confirmed or Projected	\$ Amount
Grant Requested			
Federal Assistance			
Provincial Assistance			
Fundraising			
Donations/Sponsorships			
Earned Revenue (admission, fees for service/sales)			
In Kind (list)			
Other (specify)			
Total Revenue			
Expenditures	Description	Estimate or Confirmed	\$ Amount
Marketing/Advertising			
Administration (insurance, legal fees, office, phone, postage)			
Project/Activity Costs (staging, sound, facilitator, instructor)			
Fundraising Expenses			
Other (specify)			
Total Expenditures			
Net Surplus/Deficit	Subtract Revenue from Expense	- Deficit + Surplus	

18. GROUP/COMMITTEE/MEMBERS

Provide a list of the committee members' names, addresses, and positions on the committee and phone numbers. Please add additional page(s) as necessary

	Name	Address	Position	Phone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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ORGANIZATION/GROUP FINANCIAL STATEMENT

Provide a statement of the organizations full activities/operations for the most recent year. Attach prepared financial statement (e.g. for Annual meeting or reporting). At minimum one year must be provided, however please attach prior year if also available. If statement not available, please use this form.

Name of Group or Organization _____

Operating Statement for Fiscal Year Ended _____
(mm/dd/year)

With Comparative Figures for _____

	(Current Year)	(Prior Year)
Revenue		
1. Cash (total on right; list below)	\$ _____	\$ _____
-cash on hand \$ _____		
-cash in the bank \$ _____		
2. Grants (please list)	\$ _____	\$ _____

3. Donations	\$ _____	\$ _____
4. Fundraising (please list activities/events)	\$ _____	\$ _____
5. Other receipts	\$ _____	\$ _____
6. Interest		
7. Receivables (please list any items that have not yet been received)	\$ _____	\$ _____
8. Total Revenue for the Year	\$ _____	\$ _____
Expenses		
9. Personnel Costs (salaries, volunteer expenses related to operations)	\$ _____	\$ _____
10. Taxes and Licenses	\$ _____	\$ _____
11. Lease or Rental Costs	\$ _____	\$ _____
12. Utilities	\$ _____	\$ _____
13. Insurance	\$ _____	\$ _____
14. Repairs and Maintenance	\$ _____	\$ _____
15. Office Supplies & Postage	\$ _____	\$ _____
16. Bank Charges	\$ _____	\$ _____
17. Fundraising Expenses (please list)	\$ _____	\$ _____
18. Other (please list)	\$ _____	\$ _____
19. Accounts Payable (please list any items that have not yet been paid)	\$ _____	\$ _____
20. Total Expenses for the Year	\$ _____	\$ _____
Net Surplus (Deficit) for the Year	\$ _____	\$ _____
(Line 8 Subtract Line 20)		

Approved on behalf of the Group or Organization

Signature

Signature

Position/Title

Position/Title