



March 2024

Council Community Grant Application Form

Office of the Treasurer

P.O. Box 157, 97 Hurontario Street

Collingwood, Ontario L9Y 3Z5

705-445-1030

finance@collingwood.ca

1. LEGAL NAME AND CONTACT INFORMATION OF ORGANIZATION:

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Has your organization been in existence for greater than 1 year? Yes No

2. ORGANIZATION CONTACT PERSON:

First Name: _____ Last Name: _____

Phone Number (day): _____ Phone Number (evening): _____

Email: _____

3. ORGANIZATION ALTERNATE CONTACT PERSON:

First Name: _____ Last Name: _____

Phone Number (day): _____ Phone Number (evening): _____

Email: _____

4. TYPE OF ORGANIZATION:

ARTS/CULTURE RECREATION/SPORTS EVENT OTHER/SPECIFY



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5. SUPPORTING DOCUMENTATION:

You are required to attached financial statements for the applicant organization for the most recent fiscal year ended. In the case where an individual is applying, a letter of support and governing document from the supporting organization must be attached.

Please check one of the following and provide details as requested:

- Financial statements attached. Fiscal year covered: _____
- Letter of support attached. Governing documents attached are described as the following:

6. BOARD OF DIRECTORS/ORGANIZING COMMITTEE OF ORGANIZATION:

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

Name	Address



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7. REVENUE CANADA REGISTRATION NUMBER:

Is your organization name above a not-for-profit corporation or registered with Revenue Canada as a charity?

Yes No

Please provide a registration number: _____

8. ORGANIZATION OVERVIEW:

Describe your organization's mission and who it serves.

9. GRANT OR IN-KIND DETAILS:

You can either request a grant for monetary funds or in-kind support that comes in the form of the use municipal property/facilities, materials or resources without cost to the applicant. Please provide details on what you are requesting.

Amount of grant requested \$ _____ OR

Description of in-kind support:



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10. PROJECT DETAILS (project refers to program/service/event/activity):

Briefly describe your project that you are requesting support for.

Describe (1) why you are applying for this grant or in-kind support and (2) how it will be used and assist with the project.

Are you seeking other funding/contributions for this project? If so, list the funding/contributions committed to for this project.



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How does your project provide a social, economic or environmental benefit to the Town of Collingwood, its citizens or taxpayers and/or support the Town's strategic initiatives?

How many residents of the Town of Collingwood will benefit from and will be involved in this project?

Describe (1) the need/demand in the community for your project and (2) the community support that exists for this project. List any other partners in delivering this project.

Describe your likelihood of success in delivering this project and any experience you have delivering similar projects. Describe how you will measure success of this project.



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Who will oversee the implementation of this project and the financial management of the project?

Project Budget – please fill in the following table.

Revenues	Description	Budget (\$)	Confirmed or Projected
Town of Collingwood (cash)			<input type="checkbox"/> C <input type="checkbox"/> P
Town of Collingwood (in-kind)			<input type="checkbox"/> C <input type="checkbox"/> P
Other government - County			<input type="checkbox"/> C <input type="checkbox"/> P
Other government - Provincial			<input type="checkbox"/> C <input type="checkbox"/> P
Other government - Federal			<input type="checkbox"/> C <input type="checkbox"/> P
Earned revenue			<input type="checkbox"/> C <input type="checkbox"/> P
Applicant contribution			<input type="checkbox"/> C <input type="checkbox"/> P
Fundraising			<input type="checkbox"/> C <input type="checkbox"/> P
Donations			<input type="checkbox"/> C <input type="checkbox"/> P
Other			<input type="checkbox"/> C <input type="checkbox"/> P
Total Revenues			



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Expenses	Description	Budget (\$)	Confirmed or Projected
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
			<input type="checkbox"/> C <input type="checkbox"/> P
Total Expenses			

11. PREVIOUS TOWN FUNDING RECEIVED:

I. Did your organization receive any grants, in-kind support or any funding from the Town of Collingwood in the last 2 years?

- Yes No



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II. If YES, please provide further details.

A) Indicate the year, source and amounts:

Year	Source	Dollar Amount or In-Kind Support

B) How did your organization use the funding noted above:



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12. IF YOUR REQUEST IS FOR AN EVENT, PLEASE PROVIDE DETAILS:

I. What is the approximate date of the event? _____

II. What is your anticipated attendance? _____

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

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

V. Please provide your organization's website and all social media accounts including those related to this event.



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13. ORGANIZATION ATTESTATION:

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.

Print Name of Principal Officer

Print name of Officer

Signature of Principal Officer

Signature of Officer

Title

Title

Date

Date

Personal information is collected under the authority of the Municipal Act, 2001 Section 398 (2) for the purposes of selection of applications for Council Community Grants. Questions about the collection of personal information, use, and disclosure should be directed to the Clerk Services, Town of Collingwood, email: clerk@collingwood.ca or 705-445-1030.