



**Municipality of Central Elgin  
Grant and Sponsorship Program Application Form**

**Contact Information**

Name of Organization	
Name of Program/Event/Project	
Contact Name	
Position	
Mailing Address	
Phone Number	
Email	

**Total Amount Requested: \_\_\_\_\_**

**Section 1: About Your Project**

Is your group based in the Municipality of Central Elgin? ☐ Yes ☐ No

Is your group a charity, not-for-profit or volunteer organization? ☐ Yes ☐ No Is your group affiliated with another organization? ☐ Yes ☐ No

If yes, please identify the group or organization:

How many years has your group/organization been in operation? \_\_\_\_\_

Please describe what services your group/organization provides to the residents of the Municipality of Central Elgin.

Outline where this project, program/service, or initiative will take place. Please indicate how many people from the Municipality of Central Elgin will use and benefit from this service.

Please provide a clear description of the project, initiative, or program/service and detail how the funds will be used. Please include key dates of scheduled activities and the target audience.

How does your project, initiative, or program/service fill a need within the community? Please describe how your project, initiative, or program/service enhances the community to achieve a positive impact.

Please describe the financial need of your organization and the reasons for requesting this support. Indicate other forms of sponsorships/funding that have been applied for or received.

## **Section 2: Proposed Project/Event Budget**

Applicants must provide a budget for the project, initiative, or program/service that easily and clearly outlines financial information about the specific project, event, or program/service for which the funding is being requested and must accurately disclose the full value of any pledges outstanding or funding received for the project, initiative, or program/service at the time of submission.

A brief sample budget outline is provided below. Please attach your full project event/program budget in more detail to this application.

<b>Revenue Needed</b>	<b>Budget</b>	<b>Amount Received to Date</b>
Include Pledges		
Include other funding		
Include projected other revenue		
<b>Expenses</b>	<b>Budget</b>	<b>Amount Spent to Date</b>
Include advertising costs		
<b>Total Revenue less Expenses</b>		

## **Section 3: Detailed Project Outline and Financial Statements**

Please attach the following documentation related to your project:

- ☐ Your organization's prior year financial statements.
- ☐ Include quotes or tender documents to support your budget and that demonstrate responsible procurement practices.

\_\_\_\_\_ Initial – Acknowledgement that approvals of large grants may be subject to the signing of an agreement with the Municipality of Central Elgin (sample Schedule D in the Grants and Sponsorships Policy).

#### **Section 4: Acknowledge Privacy Statement, Report Back Requirements, and Application Sign Off**

Personal information as identified by the Freedom of Information and Protection of Privacy Act (MFIPPA) including name, address, telephone number and email address is collected under the authority of the Municipality of Central Elgin's Access to Information and Privacy Policy and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

I, the undersigned, have read and understand the requirements to report back, as per Section 10: Accountability and Recognition of the Grant and Sponsorship Policy, the results of the initiative/project to the Municipality of Central Elgin after the initiative/project has concluded. I understand that the grant or sponsorship provided is not transferrable to another group/organization. If the event is cancelled or fails to occur, I understand that the funds granted will be owing back to the Municipality.

I, the undersigned, certify the information in this application is, to the best of my knowledge, true, correct, and complete. I understand that I will be notified of a decision regarding this application once approved or denied.

**I have attached all relevant documents/information based on the type of support our application category requires as chosen above.**

<b>Organization Representative Name (print)</b>	
<b>Applicant Signature</b>	

MUNICIPALITY OF CENTRAL ELGIN

Grant or Sponsorship Application Evaluation Checklist:

Date Application Received		
Group/Organization Applying		
Acknowledged Receipt on	Date:	
Application is Eligible/Ineligible	If Ineligible provide Reason below:	
Amount being requested		
<b>Criteria (Staff to Complete prior to Review at Council/Committee)</b>	<b>Yes</b>	<b>No</b>
Application received by the deadline.		
Application meets criteria of program applied for		
Organization/Group based within, operating within, or serving the Municipality of Central Elgin.		
Event/Initiative occurring within the Municipality of Central Elgin.		
Event/Initiative benefitting residents of the Municipality of Central Elgin.		
Organization/Group meets eligibility requirements.		
Funding request clearly indicated.		
Organization/Group has not received assistance from the Municipality in prior year or in a current ongoing agreement.		
If applicable, request ask does not exceed 10% of total program budget and Municipality has not exceeded funding of this project in a prior period.		
Organization/Group receiving assistance from other sources.		
Applicant is in good standing relative to past grants/sponsorships.		
Is Schedule D required? (Legal review necessary)		
This application meets all criteria necessary to be forwarded to Council, including Agreement and appropriate Documentation.		
Council Decision on Date:		
Follow up on Schedule E Completed		

Municipality of Central Elgin  
 Grants and Sponsorship Policy  
 Report Back Requirements (for tracking of compliance by Staff)

Date of Event or Project Completion		
Group/Organization		
Amount Paid to Group/Org		
Other:		
Client in Good Standing with Reporting		
<b>Reporting shall include:</b>	<b>Yes</b>	<b>No</b>
Reporting received on or before 60 days after project completion		
Number or approximate number of participants/beneficiaries		
A full reconciliation of the Revenues collected at the event/for the project including other sponsorships, and a full reconciliation and details of costs expended to complete the project.		
Explanation of where the Municipal logo was used in Advertising or other Recognition of Municipal Support		
Other requirements: As per Application		
Council requested report back information be circulated to them		
Follow up Required on Date:		
Contacted Client by email(s) attached		
Client has resolved concerns on: Date: __		
<b>Date forwarded to Council due to non Compliance:</b>		
Council Decision on Date:		