Council Grant Application

Note: Applications to the Municipality of Middlesex Centre for Grant Funding will be accepted no later than November 30th each year.

Organization name								
Organization address								
Contact Person								
Telephone number(s)								
Fax email address								
Name of Proposal								
Date of Proposed Event Location								
Signature of Contact Person								
Financial Assistance Service or Project Waiving of Facility Fees (Fee Reduction Request Application must be completed) Staff Support Supply of Equipment or Materials Insurance Coverage Use of Municipal Property or Facilities Other (describe)								
FUNDING AMOUNT REQUESTED: \$								
IN KIND AMOUNT REQUESTED: \$								

Organization Mandate
Please provide your organizations purpose/mandate.
Details of Request for Assistance
If this application includes any assistance other than direct financial assistance , please outline the details of this request (e.g., type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc.). Acceptance of this application does guarantee other non-direct financial assistance, the fee reduction request application form must be completed and provided to Community Services.
Proposal Summary
Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.
Please check on category that best suits your request for assistance. Refer to the Counci
Grants Policy for category definitions. ✓
□ Tourism/Economic □ Community □ The Arts □ Culture and Heritage
☐ Environmental Awareness/Sustainability ☐ Other (describe)

Note: organizers of parades are required to provide liability insurance in the amount of \$2 million naming the Municipality of Middlesex Centre as additional insured. The cost of obtaining such insurance may form part of any assistance application, along with the necessary Municipal Staff support.

Со	mmunity Support							
Ple	ease describe how your proposal supports the Municipality of Middlesex Centre.							
	volunteers participate in your organization? If yes, indicate the number of volunteers and e of involvement.							
Eli	gibility							
1.	Are you a non-profit organization? □ Yes □ No							
2.	Please provide your Revenue Canada Charitable Registration Number (if applicable)							
3.	Is your organization located within the Municipality of Middlesex Centre? ☐ Yes ☐ No Where?							
4.	Will this proposal provide services to the citizens of the Municipality of Middlesex Centre? ☐ Yes ☐ No							

5.	, ,	inization made ar ssistance during t When?	he current yea	ar?	Municipality	of Middlesex Centre		
6.	Has your organization received funding assistance from the Municipality of Middlesex Centre in prior years?							
	□ Yes □ No	When?		Amount \$				
 7. Will your organization or another organization be the primary funder of this proposal ☐ Yes, our organization ☐ Yes, another organization (please name) 								
	□ No			· · · · · · · · · · · · · · · · · · ·				
8.	Will the assistation? □ Yes	ance that the Mur	nicipality provid	des your org	anization be	utilized only by your		
	□ No	Name other or	ganization(s)					
		to use the space preceding questi		ide any pert	inent details	about your proposal		
Со	mpleted applica	ations must be de	livered by Nov	ember 30 th	to:			
102 Ilde	Idlesex Centre 227 Ilderton Roa erton, Ontario M 2A0	ad, RR 2						
	oy email to: ell@middlesex	centre.on.ca						

Council Grant Application

Please note that a grant in any year is not considered to be a commitment by Middlesex Centre to continue such assistance in future years. It is not the intent of this grant program to become an annual component of an organizations budget plan.

Thank you for your submission.