

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

financemanager@wasagabeach.com

2. <u>SECTION 1</u> APPLICATION ELIGIBI	LITY
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
Town:Prov	ince: Postal Code:
C. TYPE OF ORGANIZATION:	
☐ ARTS/CULTURE ☐ RECREATI	ON/SPORTS □ EVENT □ OTHER/SPECIFY
D. IS YOUR ORGANIZATION NA OR REGISTERED WITH REVENUE	AMED ABOVE A NOT FOR PROFIT CORPORATION CANADA AS A CHARITY?
☐ YES ☐ NO Please provide registration number:	

DESCRIBE WHO YOUR ORGANIZATION SERVES, I.E. WHAT IS

Ε.

Date

YOUR ORGANIZATION'S MISSION: WHO IN YOUR ORGANIZATOIN SHOULD WE CONTACT CONCERNING THIS F. **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

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:
AM	(not related to special events)
A <u>m</u>	naximum of \$5,000 can be requested.
AM	OUNT OF SPONSORSHIP REQUEST \$
	se organizations that qualify for reduced Facility Rental Fee are not eligible to request funds to et the cost of renting Town owned facilities.
	ludes the total request for financial assistance/sponsorship, both monetary and municipal resources – r to Financial Assistance Section of Policy)
В.	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

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	