



APPLICATION FORM

GRIMSBY COMMUNITY DEVELOPMENT GRANT PROGRAM

SECTION I – APPLICATION ELIGIBILITY

a. LEGAL NAME OF ORGANIZATION _____

b. FULL ADDRESS

Street/Box: _____

Municipality : _____ Province: _____ Postal Code: _____

c. LIST BOARD OF DIRECTORS/ORGANIZING COMMITTEE

d. IS YOUR ORGANIZATION A NOT-FOR-PROFIT CORPORATION OR REGISTERED WITH REVENUE CANADA AS A CHARITY?

YES NO

Please provide the registration number: _____

e. IS YOUR ORGANIZATION IN GOOD STANDING WITH THE TOWN OF GRIMSBY?

YES NO

f. DESCRIBE WHO YOUR ORGANIZATION SERVES I.E WHAT IS YOUR ORGANIZATION’S MISSION

g. WHO IN YOUR ORGANIZATION SHOULD WE CONTACT CONCERNING THIS APPLICATION:

Name: _____ Email: _____

Telephone: _____

ALTERNATE CONTACT

Name: _____ Email: _____

Telephone: _____

h. Attach your organization’s constitution or governing by-laws

i. APPLICATION SIGNATURE:

We the undersigned, declare that the information provided is factual and correct and that we have the authority to sign on behalf of our organization

Print name of Principal Officer

Print name of Principal Officer

Signature of Principal Officer

Signature of Principal Officer

Title

Title

Date

Date

SECTION II – FUNDING

- a. FINANCIAL STATEMENT (please attach the two (2) most recent financial statements from your organization, audited financial statement is mandatory for request equal to or greater than \$30,000)
- b. AMOUNT REQUESTED: \$ _____
Maximum request is 30% of project budget up to a maximum of \$100,000
- c. DESCRIBE YOUR PROJECT (include the name of the project, the location where the project will take place, start and end date, description of the project and whom it will serve, the rationale for why the project is needed, and community need addressed)

i. How will the grant assist your activities

ii. If the Town of Grimsby is not able to fulfill the request for the desired amount of funds requested, would you be willing to accept a modified amount?

YES NO

iii. If modified amount is accepted, how will you fund the short fall and adjust your budget?

iv. Do you have other confirmed sources of funding for this project?

YES (indicate in the budget) NO

v. Please attach a project budget including all revenues and expenses

SECTION III – PROJECT DETAILS

a. DESCRIBE YOUR STRATEGY FOR ACHIEVING THE OBJECTIVES OF YOUR PROJECT

- b. HOW WILL YOU MEASURE THE SUCCESS OF YOUR PROJECT? Include performance targets and measurable indicators e.g. amount of revenue, # of participation etc.

- c. DESCRIBE YOUR ORGANIZATION’S CAPACITY TO IMPLEMENT YOUR PROJECT SUCCESSFULLY WITHIN THE SPECIFIED PERIOD? (available resources, staffing, etc.)

- d. HOW DOES YOUR PROJECT ALIGN WITH [2023-2026 Council Strategic Priorities](#)

- e. IS THERE CURRENTLY COMMUNITY SUPPORT TOWARDS YOUR PROJECT? INDICATE HOW THIS SUPPORT ENHANCES YOUR PROJECT. For example, volunteer hours/number of volunteers committed to the project, partnership/collaboration with other local organizations, etc.

- f. IF SUCCESSFUL, HOW WILL YOU ACKNOWLEDGE SUPPORT FROM THE TOWN OF GRIMSBY
Provide social media or website details as applicable