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**YEAR 2024 GRANT APPLICATION FORM**

**NOTE: \*\*\*PLEASE ATTACH A COPY OF YOUR 2023 YEAR END STATEMENT OF REVENUE AND EXPENDITURES\*\*\***

1. **Name of Organization:**

\_\_\_\_\_

2. **Address:**

\_\_\_\_\_

\_\_\_\_\_

3. **List of Executive Officers (President, Treasurer, Secretary, etc.):**

\_\_\_\_\_

\_\_\_\_\_

4. **Organization's Contact Name, Address, Phone Number & Email Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **Amount of grant requested:**      \$ \_\_\_\_\_

6. **Purpose of grant:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **What percentage is the grant request of your total operating budget?**

Approximately \_\_\_\_\_%

8. **Is your request for a grant a one-time request or will you be making requests in future years?**

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9. **Have you received funding from the Township in prior years? If so, when and how much?**

<b>YEAR</b>	<b>AMOUNT REQUESTED</b>	<b>AMOUNT APPROVED</b>
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10. **Has your organization requested financial assistance in the last twelve (12) months from other organizations (i.e. Federal, Provincial, Regional Government, Private Corporations, Foundations, etc.)?**

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11. **If your request for Township funds is denied, what will be the effect on your organization?**

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12. **Does your organization provide a service for which a charge is made? If yes, please give details:**

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13. **Will your organization ever be self-supporting? If yes, when?**

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14. **Have you attached your statement of revenues and expenditures? If no, why not?**

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15. **Please indicate the main services/activities your organization provides and the approximate percentage of your budget which is allocated to provide these services/activities:**

Service/Activity	Approx. Percentage of Budget Allocation
_____	_____
_____	_____
_____	_____

**NOTE:** I understand by signing this application that the Township of West Lincoln makes no commitment to the approval of a grant. Should a grant be approved I further understand that payment is not guaranteed prior to final Township Council approval. If a grant is approved, I also agree to submit a report within one calendar year outlining how the grant money was used for the programs as designated on this application form.

\_\_\_\_\_  
Name & Title of Signing Officer Making Application

\_\_\_\_\_  
Signature of Signing Officer Making Application

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Name if different from Signing Officer

\_\_\_\_\_  
Contact Telephone Number if different from Signing Officer

\_\_\_\_\_  
Contact Person Email Address

**The Granting of assistance in any one year or over several years is not to be interpreted as a commitment to future years funding. All organizations will be required to make application in every year that a grant is requested and such application will be subject to annual evaluation.**

The information collected on this form is done so under authority of the Municipal Act, and is used solely for the purpose of determining an organization's eligibility for funding assistance from the Township of West Lincoln.