



The Municipality of North Middlesex
P.O. Box 9, 229 Parkhill Main Street
Parkhill, ON N0M 2K0
Telephone: 519-294-6244
Fax: 519-294-0573

**COUNCIL GRANT / ASSISTANCE REQUEST FORM
FOR THE YEAR 2013 (must be submitted by December 14, 2012)**

Name of Organization / Group: _____
Mailing Address: _____

Contact Name(s) & Title(s): _____

Contact Telephone: _____
Contact Fax: _____
Contact Email: _____

Type of Grant Request:

Cash Assistance: Amount of Assistance Requested: \$ _____

Grant – in – Kind: Facility Requested: _____
Service Requested: _____
Amount Requested: _____
Date(s) of Event: _____

Purpose of Grant: _____

(add additional pages as required)

INFORMATION ON REQUESTING ORGANIZATION

Mandate / Purpose: _____

Signature of Applicant/Contact: _____

Date Signed and Submitted: _____

NOTE: Forms received after December 14th 2012 will be put over to the 2014 budget