



COMMUNITY DEVELOPMENT FUND PROGRAM APPLICATION FORM

Date: _____

Name of Organization/Group: _____

Name of Primary Contact: _____

Telephone: _____ Fax: _____ E-mail: _____

Address: _____

_____ Postal Code: _____

Please indicate the purpose of this application:

(a) Community Vibrancy Fund

___ Community Vibrancy Funds Requested Amount \$_____

(b) Facility Rental Request

Facility Location Requested _____ Regular Facility Charge \$ _____

Proposed Date: _____ Requested Amount \$_____

Facility Location Requested _____ Regular Facility Charge \$ _____

Proposed Date: _____ Requested Amount \$_____

Facility Location Requested _____ Regular Facility Charge \$ _____

Proposed Date: _____ Requested Amount \$_____

The following documentation must be provided to be eligible:

- ___ The names of the Executive Members of your organization (update yearly)
- ___ A Financial Report of your previous year's operational budget (including any investments)
- ___ An approved proposed budget for the year of the funding request
- ___ A recently approved resolution or letter from the applicant organization regarding request for funding
- ___ Proof of project or event completion by way of invoices and pictures for funding received in previous year(s)
- ___ Proof of facility booking contract for requested dates (if applying for Facility Rental Request)



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Have you made a request to the Municipality for a grant prior to this application?

☐ NO ☐ YES (if yes, complete the following):

Year Requested	Amount Received	Facility Booked/Date	Office Verification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your organization requested or received funding in the last twelve months from any Provincial or Federal Agency?

☐ NO ☐ YES (if yes, complete the following):

Please outline briefly why you feel Public Funds should be given to your organization.

- List any expected donations, gifts, etc. that you expect to receive in the funding year.
- Briefly outline the activities provided by your organization
- For what purpose will the grant funds be used?

Membership Information

What is your total membership? _____

Total number of Municipal Residents? _____ Total number of Non-Residents? _____

We, the undersigned, certify to the best of our knowledge, all the information provided on this application is accurate and correct and are endorsed by resolution of the organization we represent.

Application forms must be received by 12:00 noon on or before November 30, to be considered for funding (applications received after this date and time will not be considered under any circumstance). It is the responsibility of the organization/group to submit a fully completed application form before the closing date and time.



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DISCLAIMER

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act will be used for the purpose of evaluating applications submitted under this program. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the institution where information is situated.

Consent of Disclosure and Release: By submitting their application for consideration, the organization hereby further agrees to the Municipality of North Middlesex releasing certain information(not including financial information provided as part of the submission) about the successful applicants such as: Name of Organization, Project Description and amount allocated through the program, on its municipal website or other social media under its control for promotional purposes. Also, it is understood that the Municipal may, at its sole discretion, use the successful project(s) in its written material and distribute them for promotional purposes.

Name	Title	Date
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Name	Title	Date
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Forward completed application form to:

Economic Development Department
Municipality of North Middlesex
229 Parkhill Main Street
Parkhill, ON N0M 2K0
Telephone: 519-294-6244

OR

Economic Development Department
HMS Insurance Centre
256 McLeod Street
Parkhill, ON N0M 2K0
Telephone: 519-294-6244

MUNICIPAL USE ONLY

Date Received: _____ Date Reviewed: _____

Facility Booked _____ YES _____ NO _____ N/A

Meets Eligibility: _____ YES _____ NO

Recommended for Approval by: _____ YES _____ NO

REASON IF NOT APPROVED: _____

Date Approved by Council: _____ Amount Approved: \$ _____