

## **Instructions for Financial Assistance Requests to Council**

### **General Funding Requests**

1. Applications are to be submitted to the Treasurer.
2. Applications are to be on a form prescribed by the Town of Orangeville, and are to be accompanied by the organization's financial statement for the year immediately preceding the year in which the request is made, and a proposed budget for the year for which the funds are requested.
3. The Treasurer and Headwaters Communities in Action will review the application for completeness. Applicants will be asked to provide any missing information, which must be received by the Treasurer before the application is presented to Council.
4. Applications must meet eligibility criteria.
5. Council will determine the amount, if any, granted to the organization.
6. Upon approval by Council, the Treasurer will allocate funds as directed.
7. Organizations may only request financial assistance once each calendar year.

### **Eligibility**

To be eligible for funding, organizations must satisfy the following criteria:

- Applicants must be a Not-for-profit, Charitable or Youth Organization.
- There must be a demonstrable or potential social, economic or other benefit to the Town of Orangeville, its citizens and taxpayers.
- It must be in keeping with any stated goals and objectives that have been set or endorsed by Town Council, including, but not limited to the Strategic Plan.
- The organization must focus the application on the benefits/outcomes to the Orangeville community.
- Organizations submitting that have previously received funding must be able to demonstrate a record of providing value to the community for funding received.
- The services provided are to be available to citizens in the community on an equal basis, even though they may be confined to a limited segment of the community.
- The organization must demonstrate a reasonable effort to raise funds from sources other than the Town of Orangeville.
- Are funds being received or requested from other levels of government i.e. the County of Dufferin, Provincial or Federal?

## Application for Financial Assistance

(to be submitted by March 31, 2024)

### General Funding (please print information)

Organization Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (fax) \_\_\_\_\_

1. Amount of Financial Assistance being requested: \_\_\_\_\_

2. How will the funds be used?

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3. Have funds been requested from other levels of government (i.e. County of Dufferin, Province, Federal, etc.)? Yes\_\_\_\_ No\_\_\_\_ If yes, please indicate to which level of government and the current status of the request:

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4. Details of fund-raising activities planned for this year (use a separate sheet if necessary)

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5. Outline the mission, purpose and objectives of your organization:

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6. How does the Orangeville community benefit from your activities?

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7. Who takes part in your activities or makes use of your services (including ages if applicable)?

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8. Is your organization receiving any other support, outside of the Community Grant program, from the Town in the current year? If yes, please provide details.

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9. The Town of Orangeville does not directly sponsor any fundraising events. Please indicate how your organization will recognize the Town as a contributor, including use of the Town of Orangeville logo and/or the Tourism logo "Love, Orangeville".

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10. Has your organization previously received community grants from the Town:

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If yes, please list the grant amounts received from the last three successful requests:

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

12. Do you donate funds to any other group? Yes \_\_\_\_\_ No \_\_\_\_\_

13. If yes, to whom and for what purpose:

\_\_\_\_\_  
\_\_\_\_\_

14. Is your organization registered as a charitable or non-profit organization?

Circle as applicable:          Charitable          Non-Profit

Registration number: \_\_\_\_\_

15. How long has your organization been in operation? \_\_\_\_\_

16. Annual Meeting Date: \_\_\_\_\_

17. Officers for current year:

President:    Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Res) \_\_\_\_\_

Phone: (Bus) \_\_\_\_\_

Secretary:    Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Res) \_\_\_\_\_

Phone: (Bus) \_\_\_\_\_

Treasurer:    Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Res) \_\_\_\_\_

Phone: (Bus) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Attach the following with your application:

- A financial statement\* for the year immediately preceding the year in which the request is made;
- A proposed budget\*\* for the year for which the grant is requested; and
- A summary of accomplishments to date, leading up to this event (by team or individual as applicable).
- If there are any other comments that you would like to include that may assist Council when considering this application, please provide details here (or feel free to attach a separate sheet, if necessary):

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Office Use Only		
Application Received:	Approved:	Amount:
Committee Mtg. Date:	Denied:	Comments:

## Financial Statement

Outline your organization's sources of operating revenue:

<b>Revenue Sources</b> (be specific)	<b>Amount Received</b> (previous financial year)	<b>Current Budget</b> (projected)
Membership fees		
Program fees/fees for service		
Other government funding		
Other grants		
Fundraising		
Sponsorship		
Donations		
Gifts in Kind		
Other (please specify)		
<b>Total Revenues</b>		

## Proposed Budget

Expected Costs Description	\$ Amount	Expected Funding Sources	\$ Amount	√ Confirmed	√ Requested
<b>Sub-Total:</b>		<b>Sub-Total:</b>			

Funding Request: \$ \_\_\_\_\_

**In-Kind Contributions** (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	√ Confirmed	√ Requested
<b>Total:</b>				

**Volunteer Support** (associated with the proposal)

# of volunteers involved: \_\_\_\_\_ Total hours of volunteer time contributed: \_\_\_\_\_