



MUNICIPALITY OF

PORT HOPE

56 Queen Street Port Hope, ON L1A 3Z9

t: 905-885-4544 | f: 905-885-1807 | finance@porthope.ca

2024 Community Grant Application

Please complete the below 2024 Community Grant application. Any questions that have a red *asterisks are considered mandatory fields. Completed hard copy applications can be mailed, hand delivered or placed in our drop-box at Town Hall, 56 Queen Street, Port Hope, L1A 3Z9.

Organization Information

Organization/Charity Name: *

Address (Including Postal Code): *

Contact Information

First and Last Name of Contact Person: *

Title of Contact Person: *

Phone Number: *

Alt. Phone:

Email: *

Applicant Eligibility

1. Are you a non-profit organization or a registered charity? Please select ONE: *

☐ Registered Charity

☐ Non-Profit Organization

If you are a registered charity as per CRA please indicate your registered number:

2. Which of the following describes your non-profit organization or registered charity? (Select all that apply) *

☐ Initiate or deliver programs and services to the citizens of Port Hope.

☐ Provide events of a Municipal, Provincial or National significance, which could be expected to bring economic, and/or public relations benefit to the Municipality.

☐ Provide programs and services to address any urgent and pressing events and natural disasters (i.e. fire, flood, earthquake).

☐ Initiate programs or services for individuals, groups or teams who require assistance to participate in recognized regional, provincial, national or international championships.

Application Information

Name of Event or Program: *

**Current Year's
Request: \$ ***

**Prior Year's Grant
Request:**

**Prior Years' Awarded
Grant: \$**

Date of the Organization's Event: *

Preferred Date to Receive Community Grant: *

1. Please briefly describe the organization’s programs and services: *

2. Please provide a statement of the organization’s goals/objectives: *

3. If Council approves the organization's Community Grant request, what will the funding be used for? *

4. Please provide a description of how the organization intends to measure the success of the program or service: *

5. What is the approximate geographic audience demographic that you plan to target? (i.e. 300 Adults and 50 Kids: 75% Port Hope Residents) *

6. What new initiatives will the organization be doing in the upcoming year? *

7. Does the organization work jointly with any other community or organization? If yes, please provide details: *

8. Does the Municipality provide your organization other financial support? (i.e. fee waiver, etc.) If yes, please indicate the amount: *

9. How is the organization decreasing reliance on Municipal funding? *

10. Please indicate how the Municipality's financial support will be acknowledged. If possible, please provide an example: *

11. Any additional information you find necessary:

Please attach the completed Community Grant Financials Excel *

Community Grant Application Attestation

Organization/Charity Name: *

Address (Including Postal Code): *

Current Year's Request: \$ *

First and Last Name of Contact Person: *

Title of Contact Person: *

Phone Number: *

Alt. Phone:

Email: *

Having requested financial assistance from the Municipality, the Organization agrees to the following conditions if a grant in any amount is awarded:

- a. The Organization confirms that the representations contained in the application for financial assistance are true and correct in every respect and that in the event that the funds are not used for the project or programs as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance will be payable to the Municipality.
- b. If there are any changes in the funding of the project from that contemplated in the application, the Municipality will be notified of such changes through the Director of Finance.
- c. That the Organization will make or continue to make attempts to secure funding from other sources as indicated in its application.
- d. That the Organization will keep proper books of accounts of all receipts and expenditures, relating to the program, services or project.
- e. That the Organization will retain and make available for inspection by the Municipality or its auditors, all records and books of accounts of the Organization upon request from the Municipality which may be made within 2 years of the grant award.
- f. That if the programs or services proposed in the Organization's application are not commenced, or are not completed and there remain Municipality's funds on hand, or are completed without requiring the full use of the Municipality funds, such Municipality funds will be returned to the Municipality.
- g. That the program or services not be represented as a Municipal program or service, and that the Organization does not have authority to represent itself as an agency of the Municipality in any way, the only relationship being that the Municipality has approved the granted financial assistance to the Organization.
- h. That should the Organization receive grant funding and subsequently cancel an event, the Organization must dispose of their assets in a responsible manner that meets the approval of the Municipality.

Signing Authority

We certify that to our knowledge, the information provided in this application for a Municipal Community Grant is accurate and completed and endorsed by the organization which we represent.

Authorized Signing Officer # 1 - Name *

Authorized Signing Officer # 1

Date (MM/DD/YYYY) *

Please ensure that this application is accompanied by the Community Grants Financials Excel document. Submitting this application without the Financials Excel document will be considered incomplete. Additionally, if your organization has been audited, you must also include your organization's audited statements as a PDF document or hard copy (if applicable).

Personal information is collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection Act (MFIPPA). This information, once collected, may be accessible by members of the public upon request, unless exempted by law. Furthermore, this information may be published as part of the public record, in accordance with the legal requirements set out in MFIPPA and other legislation. Questions regarding the collection, use and disclosure of personal information can be directed to the Municipal Clerk at 905-885-4544 or clerk@porthope.ca.