

The Municipality of Port Hope Community Grant Application

Part A: Community Grant Applicant Information

Organization/Charity Name:			
Address (Including Postal Co	de):		
Part B: Community Grant	Applican	t Contact Information	<u>1</u>
Name of Contact Person:			
Title of Contact Person:			
Phone Number:		Alt. Phone Number:	
Email:			
Part C: Community Grant	Applican	t Eligibility	
1. Are you a non-profit organ	ization or a	registered charity? Plea	ase select ONE:
Non-Profit Organization		Registered Charity	
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.			
Part D: Community Grant Application Information				
Name of Event or Program:				
Current Y	/ear's Request: \$			
Prior Yea	r's 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:
9. Dono the Municipality provide your ergenization other financial curport? (i.e.
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:



The Municipality of Port Hope Community Grant Application Attestation

Community Grant Applicant Information

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Mailing Address of Organizatio	on/Charity (Including Postal Code):	
Current Veer's Request \$		
Current rear's Request \$		
Community Grant Applicar	nt Contact Information	
Name of Contact Person:		
Title of Contact Person:		
	Alt. Phone Number:	-
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.

Name (please print):	Signature	Date (MM/DD/YYYY)
Authorized Signing Officer #1		
Authorized Signing Officer #2		

Personal information is being collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection Act (MFIPPA). Please note, that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of the corporate agendas and/or public consultation processes. Questions about the collection of personal information may be directed to the Municipal Clerk at 905.885.4544 or clerk@porthope.ca