



The Municipality of Port Hope Community Grant Application

Part A: Community Grant Applicant Information

Organization/Charity Name: _____

Address (Including Postal Code):

Part B: Community Grant Applicant Contact Information

Name of Contact Person: _____

Title of Contact Person: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

Part C: Community Grant Applicant Eligibility

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

Non-Profit Organization

Registered Charity

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

Schedule "B"

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 Year's Request: \$ _____

Prior Year's Request: \$ _____

Prior Years' Awarded Grant: \$ _____

Date of the Organization's Event: _____

Preferred Date to Receive Community Grant: _____

Schedule "B"

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

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

Schedule "B"

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:

Schedule "B"

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?

Schedule "B"

**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:

Schedule "B"

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:**

Schedule "B"

11. Any additional information you find necessary:



The Municipality of Port Hope Community Grant Application Attestation

Community Grant Applicant Information

Organization/Charity Name: _____

Mailing Address of Organization/Charity (Including Postal Code):

Current Year's Request \$ _____

Community Grant Applicant Contact Information

Name of Contact Person: _____

Title of Contact Person: _____

Phone Number: _____ 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

