Application for Community Grant Program

Application Due Date: November 30 Submitted To: Town of St. Marys

Clerk's Office 175 Queen Street East

P.O. Box 998

St. Marys, ON N4X 1B2

clerksoffice@town.stmarys.on.ca

Electronic copies are welcome, however, a hard copy must be received following electronic submission.

<u>The Applicant</u>			
Organization Name:Contact Name:			
Telephone:Email:			
s the organization located in St. Marys? Yor N			
Does the organization provide services in St. Marys? Y or N			
How does the community of St. Marys benefit from your services?			
s the organization an eligible applicant*? Y or N			
*Refer to the Community Grant Policy to determine eligibility.			
Program Details			
*Provide additional worksheets if necessary.			
Name:			
Program Commencement Date:			
Program Completion Date:			
Briefly describe the program:			
Which area of Council's Strategic Plan does the program best align?			
Culture and Recreation ☐ Promote active, engaged, and healthy St. Marys residents			
$\hfill\Box$ Increase patronage and revenues, and reduce vacancies at the Pyramid Recreation Centre			

\square Revitalize St. Marys Downtown as a safe, central, and culturally vibrant gathering area		
\square St. Marys' parks as a safe, and culturally vibrant	gathering area	
Balanced Growth & Economic Development ☐ Attraction and retention of youth and newcomers	8	
\square Promote and create the community fabric of St. N	Marys	
\square Promote tourism within the Downtown and riverfu	ront	
\square Promote and expand local arts, theatre and othe	r cultural offerings	
\square Create an attractive and well-functioning streets:	cape within Downtown	
Housing ☐ Promote flexible housing stock to attract youth, w How will the program enhance and enrich St. Marys?	_	
If the program does not align with Council's Strategic Pl benefits to St. Marys, speak directly with the CAO / Cler		
Program Financials		
Cash Grant Requested: \$	(maximum \$5,000)	
Total Project/Program/Activity Budget: \$		
Percentage of Total Budget Requested:%	(cash grant not to exceed 25%)	
In-kind Amount Requested: \$	(maximum \$2,000)	
Mandatory submission checklist for Financials:		
\square To have your grant request deemed complete you $\underline{\mathbf{M}}$ supporting your request:	<u>UST</u> submit a detailed budget	
 Clearly indicate all costs of your proposed project 	ct/program/activity.	
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- Clearly indicate what costs you plan to use Town Community Grant funds to pay for.
 Ensure that all costs you plan to use grant funds for are eligible costs as defined within the Community Grant Policy.
- Clearly indicate what in-kind services you are requesting to be provided by the Town.
- Clearly show all sources of funding and revenue for your project/program/activity.
- You must be able to demonstrate that other sources of funding have been pursued. If other grants/donations have not been confirmed, include a note on outstanding fundraising, sponsorship and donation requests to other organizations and grant programs.
- If no other funding sources have been pursued, explain why.

Signature	Signature
Name (print)	Name (print)
	ion provided in this application is correct and in, two principle officers of the organization must
<u>Verification</u>	
, ,	ant last year, submit the most recent financial cumentation, to demonstrate your non-profit or
Grant funds were spent.	

The personal information requested in this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. The information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of this information may be directed to the Municipal Clerk at 284-2340 ext. 216, or at Town Hall, 175 Queen St. East, St. Marys, Ontario. N4X 1B6.