

Town of Orangeville

87 Broadway, Orangeville, ON L9W 1K1 Tel: 519-941-0440 Fax: 519-941-9569

Instructions for Financial Assistance Requests to Council

Toll Free: 1-866-941-0440

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 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:

- 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.
- 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 submitting the request must have a track record of providing value to the community for funding received.
- 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

	ral Funding (please print information)
Orgar	nization Name:
Conta	ailing Address:ct Person:
Email:	
Phone	e: (day) (evening) (fax)
1.	Amount of Financial Assistance being requested:
2.	How will the funds be used?
3.	Have funds been requested from other levels of government? Yes No If yes, please indicate to which level of government and the current status of the request:
4.	Details of fund-raising activities planned for this year (use a separate sheet if necessary)



5.	Outline the mission, purpose and objectives of your organization:
6.	How does the Orangeville community benefit from your activities?
7.	Who takes part in your activities or makes use of your services (including ages if applicable)?
8.	What amount of your annual expenses are used to support the administration of your
	organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage,
	rent, utilities, accounting) \$ %
9.	Please provide a listing of your membership fees, fees for service and/or participation
	fees.
10	. Has your organization previously received grants from the Town of Orangeville:
	Yes No



Year	Amount	 	
Year	Amount		
Year	Amount		
12. Do you don	ate funds to any other group?	Yes	_ No
13. If yes, to wh	nom and for what purpose:		
14. ls your orga	inization registered as a charitabl	le or non-profit	organization?
Circle as ap	pplicable: Charitable	Non-Profit	
Registration	number:		
15. How long ha	as your organization been in ope	ration?	
16. Annual Mee	eting 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)		
te:			



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):

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



Financial Statement

Outline your organization's sources of operating revenue:

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



Proposed Budget

Expected Costs Description	\$ Amount	Expected Funding Sources	\$ Amount	√ Confirmed	√ Requested
Sub-Total:		Sub-Total:			

Funding	Request:	\$
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In-Kind Contributions (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	√ Confirmed	√ Requested
Total:				

Volunteer Support (associated v	vith the proposal)
# of volunteers involved:	Total hours of volunteer time contributed: