Township of Hornepayne Municipal Grant Application Form Template

Organization information	on:		
Organization Name:			
Type of Organization:	[] Not-for-profit	[] Charitable	
	[] Other (Please specify:)
Contact Person:			
Title:			
Address:			
Phone:	Email:		
Website (if applicable):			
Program/Activity/Even	t/Service Details:		
Name of Program/Activit	y/Event/Service:		
Brief Description:			
Target Audience:			
Date(s) of Program:			
Expected Number of Par	ticipants/Beneficiaries:		
Qualifications for Muni	cipal Grant:		
Please check each quali	fication below to confirm that yo	our organization meets	the criteria:
[] The organization is a Township of Hornepa	not-for-profit or charitable orga yne.	nization operating in the	9
[] The program, activity Township of Hornepa	, event, or service primarily ben yne.	efits the residents of th	е
[] The program, activity supports Council's st	, event, or service benefits the ^r rategic goals.	Township of Hornepayn	e and
[] The organization can	demonstrate financial need.		
[] The organization can	demonstrate the use of volunte	eers.	
• •	explored additional sources of rivate sector, donations, fundra	•	
[] All necessary reports received have been s	from previous municipal grant submitted.	funding and/or in-kind s	upport

Request to Council:

Please provide a detailed explanation of why funding assistance is necessary for the . Include the following information:

- 1. **Funding Necessity:** Describe the specific reasons why your organization requires funding assistance from Council. Highlight any financial challenges, limitations, or gaps that the grant would help address.
- 2. **Nature of Request:** Indicate whether your request is for monetary funding (\$) or inkind support. If it's for monetary funding, specify the amount you are requesting. If it's for in-kind support, outline the resources, services, and/or goods that you are seeking.
- 3. **Intended Use:** Provide a breakdown of how the granted funds or in-kind support will be utilized for the [Program/Activity/Event/Service Name]. Explain how the support will contribute to the successful execution of the initiative and its impact on the community.
- 4. **Organization's Mandate:** If applicable, briefly describe your organization's mandate, mission, or purpose. Explain how the proposed program aligns with your organization's overall goals and objectives.

If additional space is required, please use another page.
Please provide additional information as required:
[] Attach a detailed budget for the program, activity, event, or service.
[] Attach a copy of the organization's mandate.
[] Attach documentation of other funding sources applied for or received, if applicable.

Declaration:

By signing below, I confirm that the information provided in this application is accurate and
complete to the best of my knowledge. I understand that meeting the qualifications for the
Municipal Grant does not guarantee funding, and all decisions made by the Municipality
are final.

Signature:	Date:
(Authorized Representative of the Organization)

Please submit this completed application form along with all required attachments to the Municipality by the specified deadline. Incomplete applications may not be considered for funding.