

2024 Annual Permissive Grant Application Policy # FIN-001-0007

APPLICATION DEADLINE – SEPTEMBER 30, 2023

INCOME STATEMENT MUST BE PROVIDED TO THE DIRECTOR OF FINANCE / CHIEF FINANCIAL OFFICER / TREASURER REPORTING ON THE USE OF 2023 GRANT FUNDS.

	Date:				
Name of Organization:					
Mailing Address:			City:		
Province:		Po	stal Co	de:	
Phone:			naritable	e Number:	
Date of Incorporation:		·	No	t Incorporate	ed:
Email Address:					
Website:					

(2)

Primary Contact Person:	
Position:	
Phone:	
Email Address:	

(3)

Amount of Grant Request (\$):	

Is this a Capital Grant? YES

NO

If YES, complete the following below:

If NO, proceed to Section (4)

	Date	Attached
Complete capital budget showing sources and uses of all capital funds, distinguishing between funds-in-hand, funds pledged by not received, and projected additional funding:		
Estimation of on-going operating costs for the project (if any)		

Ple	ease include the following items:	Date	Attached
a)	Your most recent annual report audited or reviewed financial statement (revenue and expenditure statement and balance sheet		
b)	Interim Financial statement for your current fiscal year		
c)	Budget for year in which grant is requested		
d)	A one to two page summary of major programs and services provided, plus any other information which you feel would support your application		
e)	A complete list of Board or Committee members including their position on the Board or Committee		

All items above must be included in your application to be considered complete. If an item cannot be included, state the reasons why in the applicable box above.

(5)

Municipalities within which operations are conducted:

(6)

PURPOSE OF ORGANIZATION: Describe the overall goal or mission statement of the Agency

(7)

PURPOSE OF GRANT:

	To I	To Maintain an existing level of service		
	To provide expanded services			
	For a new program			
	For	For Capital expenditures		
	Oth	er		
Expla	in:			

(8)		_

Why should public funds be given to your organization?

(9)

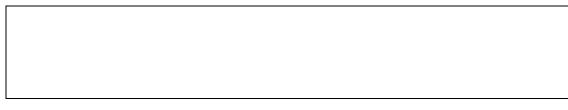
Is it anticipated that the activities for which this assistance is being requested will become selfsupporting through private or other sources?

YES

(Please specify, including the projected date of self-sufficiency)

NO

(Why not?)



(10)

Has your organization made a grant request to Welland Council in the past?

YES (if yes, please give history)

NO

Year Requested	Amount Requested (\$)	Amount Received (\$)

(11)

Has your organization requested funding assistance in the last 12 months from, or does it plan to make an application to, any other municipal, provincial or federal department or agency?

NO

YES	(if yes, please give history)
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Requested from Whom	Date Requested	Amount Requested (\$)	Amount Received (\$)	Refused

(12)

Please describe your organization's use of volunteers.

(13)

Does your organization provide grants, donations or contributions to other organizations or individuals? If so, please describe.

(14)

Please describe your fundraising activities both current and planned. (Attach separate sheet if required)

(15)

How does your organization acknowledge (or plan to acknowledge) the City?

(16)

Under the Accessibility for Ontarians with Disabilities Act (AODA), municipalities and their affiliates must give regard to persons with disabilities. Please describe how you will give regard to persons with disabilities within your programs and activities.

(17)

We certify to the best of our knowledge, the information provided in this application for a Grant is accurate and complete and is endorsed/approved by the Board or Committee of the organization which we represent.

Any applicant that provides false, inaccurate, or incorrect information will immediately be requested to refund 100% of any grant approved by Council. In addition, all future applications will not be considered by Council.

Chairperson

Name:	
Phone:	
Email:	
Signature:	
Date:	

Treasurer

Name:	
Phone:	
Email:	
Signature:	
Date:	

Executive Director

Name:	
Phone:	
Email:	
Signature:	
Date:	

Please ensure all sections have been answered. <u>Failure to do so will result in your application being</u> considered incomplete.

Forward completed application with attached documentation:

By email to: ar@welland.ca

or Mail to: Elizabeth Pankoff, CPA, CGA, MBA Interim Director of Finance, Chief Financial Officer, Treasurer Corporation of the City of Welland 60 East Main Street, Welland, ON L3B 3X4 Phone (905) 735-1700 Ext. 2173 Fax (905) 732-1919