

**Schedule "B" to By-law 2008-34
Township of Edwardsburgh/Cardinal
Grant/Assistance Application Form**

Grants or other assistance in any one year or over several years should not be interpreted as a commitment to future years funding.

1. Name of Organization _____
Contact Person _____
Mailing Address _____
Telephone _____
Email _____

2. Assistance Requested (check appropriate box(es) and indicate dollar amount)

- Financial Grant \$ _____
 Fee Waiver \$ _____

Details of In-Kind Assistance Requested

- Staff Support
 Equipment/Materials Supply
 Insurance Coverage
 Use of Municipal Property/Facilities
 Other

If this application includes any assistance other than direct financial grant, please outline details of request. (i.e. type and estimated hours of staff support, facilities to be used, dates, etc)

3. If request is for special event-please provide a brief description of the event. Please include the objectives or the benefits to the community as a result of holding this event.
4. Please provide a brief outline of your organization and indicate if it is incorporated as a non-profit organization.

5. Does your organization provide a service to:
- a) All Citizens _____
 - b) A specific group _____ Who? _____
 - c) A specific area _____ Where? _____
6. For what specific purposes are the requested grant funds to be utilized within your organization?
7. Have you received funding from the Township in prior years? If so, provide details.
8. List of Executives of your Organization
9. What other steps are being taken to provide revenue? (i.e., admission fees, fund raising, etc?)

Please feel free to provide additional information on a separate sheet.

Name/Title of Individual making application

Signature

Date

Telephone