



CITY OF STRATFORD 2017 GRANT APPLICATION FORM

(deadline: Sept 15,2016)

Before submitting your application:

Please review the 2017 Grant Application Guidelines on the City's website. Following these instructions will ensure your application is complete and accurate.

1. Grant Information

Amount requested for this grant:

\$

Which category does your grant request fall under:

- Arts, Heritage, Culture Environment, Beautification Social, Health Services Recreation
 Other (please explain):

Please indicate how the grant funds will be used:

How will this funding request contribute to the City's strategic priorities?

2. General Organization Information

Organization Name:

Contact Name:

Mailing Address:

City/Town:

Postal Code:

Telephone No.:

Fax No.:

Email:

Web Site:

Briefly state your organization's missions/goals:

Please attach a list of your organizational structure (*where applicable*):

- Board of Directors, Executive Officers, Staff (*indicate which staff positions are paid*)

***** do not include personal information such as home addresses/telephone nos. *****

Number of volunteers:

Does the organization operate as a not-for-profit?

Yes

No

The personal information collected on this form or in background material included with your application is collected under the authority of the *Municipal Act, 2001* and will be used by Corporate Services staff and City Council for the purpose of reviewing grant applications and other related administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O.Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 235 during business hours.

Is the organization incorporated? If yes, please provide date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Incorporation:
Does the organization have charitable status? If yes, please provide charitable number:	<input type="checkbox"/> Yes <input type="checkbox"/> No Charitable No.
Are fees charged for membership or for any of the services/activities you provide? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone other than City of Stratford residents belong to your organization, or benefit from your services/activities? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Program Information

Attach supporting information to illustrate your organization's programs and activities, and how they meet the Community Grants Program eligibility criteria.

4. Financial Information

Attach the following financial information:

- Most recent year-end financial statements
- Budget for the year in which the funds are being requested
- Indicate separately any funding requested or received from other levels of government and other agencies, and the status of each application.

5. Name of Individual completing this form

Name:	Application Date:
Position:	

If you require this form in an alternate format, contact Corporate Services Department at 519-271-0250 ext. 202 or TTY at 519-271-5241

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