

MUNICIPALLY FUNDED GRANTS APPLICATION

This application form is for **Non-profit Organizations** who are applying for a municipally funded grant. To ensure your application is considered, please complete and return the application with all required documentation by **July 15th** (unless otherwise specified).

(SECTION 1) - ORGANIZATION INFORMATION:	
Organization Name:	CRA/Society Act Number:
Contact Person:	Phone Number:
Address of Organization:	
Mailing Address (if different than above):	

(SECTION 2a) – SUPPORTING DOCUMENTATION CHECK LIST (ATTACH COPIES TO APPLICATION):
<ul style="list-style-type: none"> <input type="checkbox"/> Constitution (if not previously provided or if changes have occurred); <input type="checkbox"/> Current list of board members; <input type="checkbox"/> Annual general meeting minutes, (including manager’s report, if applicable); <input type="checkbox"/> Detailed proposed budget for the current year, listing expenditures and revenues, including a list of all other grants and donations; and <input type="checkbox"/> Financial statement (form attached to this application).
(SECTION 2b) – DOCUMENTATION REQUIRED AT THE CONCLUSION OF THE EVENT/PROJECT OR CALENDAR YEAR, (WHICHEVER OCCURS FIRST):
<ul style="list-style-type: none"> <input type="checkbox"/> Municipally Funded Grant – Year End Reporting form, (available at: https://www.mission.ca/municipal-hall/departments/finance/community-grants/)

(SECTION 3) – DECLARATION BY AUTHORIZED SIGNATORY:	
<p>I hereby certify that I have read the District of Mission – Municipally Funded Grants Policy FIN.50(C), that <u>the application complies with its requirements</u>, and that the information contained in the application is complete and correct.</p> <p>IF THERE IS A CHANGE IN THE STATUS OF YOUR ORGANIZATION THE DISTRICT OF MISSION <u>MUST BE NOTIFIED.</u></p>	
Signature:	Date:
Name (please print):	Title:

(SECTION 4) – USE OF GRANT DETAILS:
Grant amount being requested: \$ _____
How will the District of Mission and its contribution be recognized by your organization? _____

(continued on back of page)

The grant is being requested for:

A Community Enhancement Grant (complete Section 4a)
For non-profit Mission based community groups in the arts, cultural, recreational or social services field.

A Community Event Grant (complete Section 4b)
A recurring event that provides some significant benefit to the community as a whole, and is open to all members of the public without charge, (typically these grants are limited to not more than \$5,000 per event annually).

A Special Event Grant (complete Section 4b)
Any one-time or first-time event that is of cultural, social or recreational significance to the community.

(SECTION 4a) – DETAILS OF COMMUNITY ENHANCEMENT: *(use a separate sheet if required)*

1. Describe the service your organization provides to the community: _____

2. Number of clients/participants involved with your organization: _____
3. Describe how your organization would utilize the grant funds and how it would benefit the community: _____

4. What other community support or sponsorship exists for this project? _____

(SECTION 4b) – DETAILS OF COMMUNITY EVENT/SPECIAL EVENT: *(use a separate sheet if required)*

1. Name of event: _____
2. Date of event: _____
3. Purpose of event: _____
4. Targeted audience: _____
5. Projected number of attendees: _____
6. Number of attendees for past 3 years (if applicable): _____
7. Proposed advertising/promotion of event: _____
8. Amount of projected local spending to hold the event: _____
9. Other funding sources: _____

Ensure your Application Declaration on the front page is signed and dated. The District of Mission may contact you to request additional information or clarification to support your application. If you require further information, please contact Municipal Hall at: 604-820-3700.

The personal information on this form is collected for the purpose of an operating program of the District of Mission as noted in Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of the information, please contact the Freedom of Information Coordinator (604-820-3724).



C O R P O R A T E A D M I N I S T R A T I O N

Municipally Funded Grant – Financial Statement

Name of Organization: _____

Length of time the organization has been registered as a non-profit in Canada: _____

Number of paid employees: Full Time: _____ Part Time: _____

Number of volunteer staff: Full Time: _____ Part Time: _____

BALANCE SHEET	Start of the Year	End of the Year
Bank Balance:	\$ _____	\$ _____
Total Accounts Payable and Liabilities:	\$ _____	\$ _____
Retained Earnings, Accumulated Surplus or Reserves:	\$ _____	\$ _____
Purpose of Reserve Funds: _____		

INCOME STATEMENT	Source of Revenue	Past Fiscal Year
Total Salaries and Wages:		\$ _____
Total Expenses:		\$ _____
All Sources of Revenue:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

(continued on back of page)

Name and position of any individuals who receive payment from the grant funds, (salaries, honorariums or contracts) and the amount of compensation each receives:

Name:	Position:	Compensation:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Certification and Date:

I certify that the information provided above is true and correct to the best of my knowledge.

Signature of Director/Manager

Signature of Treasurer

Date: _____