



Annual Grant Application

Deadline: October 1

Section A – Organization Identification

Name of Applicant or Organization: _____

Mailing Address: _____

Contact Name/Title: _____

Telephone: _____ Fax: _____

Email: _____

Verification of non-profit or charitable status:

Included or To follow no later than Nov. 15th

Amount of grant assistance requested: \$ _____

1. Mandate or purpose of organization:



2. Program/Event - describe the program, service, or event, which may include a business plan, outlining the objectives of the applicant.

3. Has the applicant received grant assistance previously? Yes or No

If yes, please provide the following:

Amount: \$ _____ Year: _____

Section B - Eligibility Considerations

4. Will the event, program, or service provide benefit to (check all that apply):

Children Youth Seniors Volunteers

Other:

5. Will the grant proceeds be reallocated to other groups or organizations?

Yes No

6. Will the grant provide an economic or social benefit to Norfolk County?

Yes No

If yes, please describe:



7. Is the proposed event, service, or program in direct competition with one offered by Norfolk County? Yes No

If yes, please describe:

8. Is the applicant an agency associated with any of the following levels of government (check all that apply):

Federal Provincial

Municipal (specify): _____

9. Has the applicant exhausted other sources of funding? Yes No

If yes, please describe:

10. If you are unsuccessful in receiving a Norfolk County grant, what will the effect be on the services/programming you provide:



11. Will the applicant's event, program, or service require liability insurance coverage?

Yes No

If yes, please provide the following:

Insurance company: _____

Policy number: _____

Amount of coverage: _____

12. Will the proposed event require municipal licensing? Yes No

13. Will the proposed event require a road closure? Yes No

14. Will the proposed event require any additional assistance or services in-kind from the County? Yes No

If yes, please describe:

15. Have you made an application for grants to other jurisdictions? Yes No

If yes, what were the results?

If no, why not?



Section C – Additional Information (Optional)

Instructions: for each block of text you include below (if any), please specify the section it is meant to continue.





Signature of Applicant: _____ Date: _____

Completed application forms must be submitted to:

Maureen Chunick
Senior Administrative Assistant to the Mayor
50 Colborne Street, South
Simcoe, Ontario N3Y 4H3
Telephone: 519-426-5870 Ext. 1248
Fax: 519-426-7633

For Office Use Only:

Decision of Grant Review Committee

Forward to budget review Not approved

Date: _____

A financial statement will be required from the applicant as a condition of the grant request: Yes No

Appropriate proof of insurance will be required from the applicant as a condition of the grant request: Yes No

Details: