



**COUNCIL DISCRETIONARY GRANT
PROGRAM APPLICATION FORM**

<p>Öæ^ Á -ÁÇ^} dK _____</p> <p>Ú^ !] [•^ Á -ÁÇ] ææ } K _____</p> <p>K Ujj Yf`cZDUf`_]b[`: YYg`Uh=bb]gZ`6 YUW `DUf`_†</p> <p>Parking Lot (s): A B C D E F</p> <p>K Ujj Yf`cZ: UW`]mF YbHU` : YYg†</p> <p>Rental Permit # _____</p> <p>Rental Amount: \$ _____</p> <p>Date of Event: _____</p> <p>CH Yf</p> <p>Description: _____</p> <p>Amount: \$ _____</p> <p><small>Approvals for waiving of these fees will not be considered on a recurring basis.</small></p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="padding: 5px;">Office Use Only: \$ _____</td> </tr> </table>	Office Use Only: \$ _____
Office Use Only: \$ _____		

<p>8 Uh`F YW]j YX.` _____</p> <p>HcHU`5 a ci bhcz: i bXg`</p> <p>F Yei YghYX. _____</p>
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Details of your funding request	
<p>BUa Y`cZ5 dd`]WUbh _____</p> <p>BUa Y`cZCf[Ub]nUh]cb`f]ZUdd`]WUW`YŁ</p> <p>_____</p> <p>A U]`]b[`5 XXf Ygg.` _____</p>	
<p>Name of Primary Contact: _____ Title: _____</p> <p>Phone Number (Primary): _____ Alternate Number: _____</p> <p>E-mail Address: _____</p>	
<p>Section 1 – Personal Application:</p> <p>Are you under 18 years of age? Yes No</p>	

If Yes, please provide the signature of a parent or legal guardian.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

If No, please provide signature.

Signature

Print

Section 2 – Organization Application:

Provide the signature of two (2) executive members. A current listing of Executive Membership or your organization’s Directors must be attached to this application.

Signature of Executive Member

Print Name and Title of Executive Member

Signature of Executive Member

Print Name and Title of Executive Member

Eligibility Criteria

1. Provide a brief description of the purpose of your grant request:

2. Please provide details of community support for your project or event. Please include the age range, population segment, and numbers expected to benefit, from the project or event.

3. Please indicate which of the following Strategic Goals within the Town's Strategic Plan apply to your application. Select all that apply, and give a brief description of how.

Grow (Developing a thriving community)
Details:

Connect (Physical, social, cultural and digital connections)
Details:

Sustain (Enhance the environment, assets & amenities residents depend on)
Details:

*the Town's current Strategic Plan can be found at www.innisfil.ca

4. Have you or your organization applied for and received funds from the Council Discretionary Grant program in the last two years?

Yes No

If yes, please indicate the amount you received \$ _____, the date the funds were received _____, and the purpose for the grant:

5. What measures have you, or will you put in place to make your organization more financially sustainable?

Please indicate the number of pages provided as attachments to this submission: _____ pages

Personal information collected on this form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56, as amended, and will be used to inform applicants of the Town's grant programs announce successful applications to the public and may be released to other funding organizations. Questions about this collection should be directed to: Clerk's Office, Town of Innisfil, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1, 705-436-3710.



COUNCIL DISCRETIONARY GRANT PROGRAM APPLICANT'S CHECKLIST

This checklist must be included with the application.

I have reviewed the Council Discretionary Grant Program application guidelines and have attached a complete application which includes the supporting documents and actions indicated on the checklist, below.

Included rental permit #, and rental amount, if applying for waiver of facility rental fees.

Current signatures of two (2) executive members, and a current listing of Executive Membership of organizations Directors.

Description of purpose of grant request along with details of community support for project or event.

Explanation of how Strategic Goals apply to your application.

Indication if you or your organization have applied and received funding from this program in the last 2 years.

Explanation of what measures you or your organization have in place to be financially sustainable.

I accept responsibility for provision of all required documents including a complete application form. If approved, I further understand that there is a requirement for a follow-up report to be provided.

Print Name of Individual Making Application

Signature of Individual Making Application

Date Signed