



TOWNSHIP OF WOOLWICH 2019 Annual GRANT APPLICATION

Submission Deadline: November 2nd, 2018 (5:00 p.m.)

DATE: _____

1. AMOUNT OF GRANT BEING REQUESTED: \$ _____ .00

2. TYPE OF GRANT BEING REQUESTED:

_____ Operating Grant under Section 11 of the Grants Policy

_____ Capital Grant under Section 12 of the Grants Policy

_____ Special Event Grant or Special Assistance Grant under Section 13 of the Grants Policy

_____ Grant-In-Kind or Grant-In-Lieu under Section 14 of the Grants Policy.

_____ Travel Assistance Grant for Youth(s) 18 Years Old or Younger under Section 15 of the Grants Policy (**Do not use this form for Travel Assistance Grant Requests. Use the Travel Assistance Grant Application Form.**)

3. APPLICANT INFORMATION

NAME OF APPLICANT/ORGANIZATION: _____

ADDRESS: _____

POSTAL CODE: _____ TEL #: _____

4. NAME OF PRIMARY CONTACT PERSON (if applicable)

NAME: _____

POSITION: _____

ADDRESS: _____

TELEPHONE/CELL: _____

EMAIL ADDRESS: _____

5. SUMMARY OF PURPOSE, GOAL OR MISSION STATEMENT OF ORGANIZATION

6. TYPE OF ORGANIZATION

Below are listed the categories of not-for-profit organizations that may apply for grants, as outlined in Section 2 of the Grants Policy. Check the category that your organization falls under:

_____ We are a registered charity and our organization provides an “essential service” to Township residents. Our services benefit and support Township of Woolwich residents are necessary for the health, safety or welfare of residents. *Complete Sections 7.1 and 7.2 of this application.*

_____ Our Non-Profit Organization supports one of the following: arts and culture, health and wellness, accessibility and inclusivity for persons with disabilities, neighbourhood groups, community associations.

SPECIFY TYPE: _____

_____ Our Non-Profit Organization supports Youth Programs and Events for persons age 18 years and younger

SPECIFY TYPE: _____

_____ Our Non-Profit Civic or Economic Development Organization provides an event or service that promotes the Township of Woolwich and results in economic or public relation benefits to the Township.

SPECIFY TYPE: _____

7. ESSENTIAL SERVICE STATUS (if applicable)

7.1 An “Essential Service” is defined in Section 3 of the Grants Policy as a service, program or event that is provided by a local or Region-wide registered charity and that is **essential to the health, safety or welfare** of residents of the Township of Woolwich. The category of “essential service” that your organization falls under is: (check all that apply)

Health _____

Safety _____

Welfare _____

7.2 Explain why your organization fits into the selected category of health, safety and/or welfare.

8. TOWNSHIP SIGNIFICANCE AND NEED

8.1 Section 4 of the Grants Policy states that an organization or individual seeking financial assistance from the Council of the Township of Woolwich must ensure that the service, program or event to be funded is significance to the Township of Woolwich, and that it meets an identifiable and quantifiable need in the Township. Explain how your service, program or event fulfills this requirement.

8.2 List the municipalities served by your organization.

8.3 Section 9(b) of the Grants Policy states that the majority of clients served by an eligible organization must be residents of the Township of Woolwich. Are the majority of your organization's clients residents of the Township of Woolwich?

YES NO

On average, how many clients does your organization serve on an annual basis?

How many of the clients served in 2017 and to date in 2018 were Township of Woolwich residents? _____

How many clients does your organization expect to serve in 2018 overall? _____

How many Township of Woolwich residents does your organization expect to serve in 2019? _____

9. OTHER REQUIREMENTS

Section 5 of the Grants Policy lists other requirements that must be in place before Woolwich Township Council will consider an organization’s grant request. Please answer the following:

9.1 Does your organization provide the same service (or a similar service) as a service provided by the Township of Woolwich, or by another agency, or by another municipality?
YES NO

If you answered “YES”, please describe:

9.2 Could your organization’s program(s) or service(s) be better funded through a purchase of service agreement with the Township of Woolwich?
YES NO

If you answered “YES”, please explain:

9.3 Does your organization give grants? YES NO

9.4 Is your organization applying for a grant to help cover an operating deficit?
YES NO

9.5 Does your organization have an elected executive of volunteers that will take responsibility for the receipt and disbursement of funds?
YES* NO

*If you answered “YES”, you will be required to attach a list of names and positions of the volunteers that serve on the Executive. This is only a requirement for applications for Operating or Capital Grants.

9.6 Is your organization able to provide one of the following documents: Constitution, Mission Statement, Statement of Purpose?
YES NO

If you answered “YES”, what type of document will be provided? _____

9.7 Is your organization applying for a grant to replace financial support that was discontinued by another funding source?

YES NO

If you answered "YES", please describe:

Four horizontal lines for describing the answer to question 9.7.

9.8 If your organization receives a grant, will all citizens of the Township of Woolwich be eligible to participate in the funded program, event or activity?

YES NO

If you answered "NO" above, please provide additional details.

Four horizontal lines for providing additional details for question 9.8.

10. ACKNOWLEDGEMENT OF TOWNSHIP CONTRIBUTION

Section 6 of the Grants Policy requires organizations that receive a grant to recognize the Township's contribution in any promotional literature which may be prepared by the organization. Describe how your organization would acknowledge a grant from the Township of Woolwich.

Five horizontal lines for describing how the organization would acknowledge a grant.

11. PROPOSED USE OF FUNDING

Section 7 of the Grants Policy states that grant funding approved by the Township must be used for the purposes stated in the grant application unless prior approval to change the purpose of the grant is given by Council. Be as specific as possible in describing how the grant would be used. Attach a separate sheet if necessary.

Five horizontal lines for describing the proposed use of funding.

12. ORGANIZATIONAL STATUS

12.1 If your organization is a registered charity, list the following:

Registration Number: _____

Date of Incorporation: _____

12.2 Is your organization an unregistered non-profit agency? YES NO

12.3 Is your organization in good financial standing with the Township of Woolwich? YES NO

13. USE OF VOLUNTEERS

Section 9(c) of the Grants Policy states that applicants for Operating or Capital Grants must rely significantly on the use of volunteer support.

13.1 Does your organization rely significantly on the use of volunteer support?

YES NO

13.2 How many volunteers does your organization rely on annually? _____

13.3 How many volunteer hours does your organization benefit from annually? _____

13.4 How many volunteers does your organization expect to use in 2019? _____

13.5 How many volunteer hours does your organization expect to use in 2019? _____

14. ACCESSIBILITY AND INCLUSIVENESS

Section 9(d) of the Grants Policy states that organizations that apply for grants must make their programs, services or events accessible to, and inclusive of, persons with disabilities. The Township will not normally fund any program, event or service that is inaccessible to persons with a disability.

14.1 Does your organization strive to be accessible to, and inclusive of, persons with disabilities?

YES NO

14.2 If so, describe how your organization is accessible and inclusive:

14.3 Your overall organization might not be inclusive and accessible, however, the program, service or event to be funded by the grant might be. If so, provide details about how persons with disabilities would be able to access the program, service or event. Include information about accessible parking, accessible features of the building, awareness training that has been provided to staff and volunteers, etc.). Include information on any barriers to participation that might exist for persons with disabilities as well.

15. REQUESTS FOR GRANT INCREASES (Annual Operating Grants only)

Section 10 of the Grants Policy deals with requests for grant increases.

15.1 Does your organization wish to apply for a multi-year grant that coincides with the current term of Council (i.e. ending in 2022) with minor inflationary increases being added annually by staff? This option is only available to organizations that Council deems to be providers of “essential services”.

YES NO

15.2 Will the grant increase be used to support an expansion of a program or service?

YES NO

If you answered “NO” above, provide details on why the grant increase is being requested. Be aware that Section 10(b) of the Grants Policy states that no increase will be considered beyond a minor inflationary increase if there is to be no expansion of service.

15.3 If the grant increase will be used to expand a service or program over 2019, please provide all details.

16. GOAL OF SELF-SUFFICIENCY

The Council of the Township of Woolwich recognizes the contribution that charitable and non-profit organizations make to the quality of life enjoyed by Township of Woolwich residents. Council is committed to working with community groups but must be cognizant of budget constraints and competing priorities. Council encourages groups to work towards achieving financial self-sufficiency and independence in their programs through community participation and fundraising.

16.1 Does your organization anticipate that the activities for which this assistance is being requested will become self-supporting through private or other sources?

YES _____ (Please specify, including the projected date of self-sufficiency).

NO _____ (Why not?)

17. SOURCES OF FINANCIAL SUPPORT RECEIVED IN 2018

17.1 Who did your organization request funding assistance from in 2018?

Request Made To:	Date:	Amount Requested:	Amount Received:	Refused:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17.2 Did your organization implement user fees in 2018? If so, please describe what was in place. If user fees were not charged, and will not be charged in 2018, explain why. Also list any increases in user fees planned for 2019.

18. OTHER SOURCES OF FINANCIAL SUPPORT FOR 2019

18.1 What other agencies does your organization intend to request funding assistance from in 2018? Include any other municipal, provincial or federal departments or agencies.

Agency:	Amount to be Requested
_____	\$ _____
_____	\$ _____
_____	\$ _____

18.2 What fundraising events has your organization planned for 2018 and how will the funds be used?

Event:	Estimated Revenue:	Use:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

19. FINAL COMMENTS

Do you have any final comments on why public funds should be given to your organization?

20. ATTACHMENTS

If any of the required attachments are missing in the application, your agency's application will be designated as "incomplete" and Council will be made aware. Ensure that all of the following documents are attached to your application. If you cannot attach a document that has been requested, you must attach a separate sheet to explain to Council why it is not possible to fulfill the requirement.

- (a) A copy of your organization's constituting document (e.g. Constitution, By-laws, Letters of Incorporation).
- (b) Your organization's most recent annual **audited** financial statements. If your organization does not have audited financial statements, you may send in financial statements that were **qualified by a professional accountant**. The financial statements should include, at minimum, a Statement of Financial Position (Balance Sheet) and a Statement of Operations (Income Statement). **IMPORTANT NOTE:** Applications will be designated as "incomplete" if unaudited/unqualified financial statements are included and Council will be made aware of the missing information.
- (b) Interim financial statement for previous fiscal year.
- (c) Budget for the year that the grant is being applied for.
- (d) A complete list of Board, Executive or Committee members including their position on the Board, Executive or Committee.

17. CERTIFICATION OF GRANT APPLICATION

We, the people signing below, do certify that the information provided in this Grant Application is accurate and complete to the best of our knowledge, and the Grant Application has been endorsed or approved by our Executive.

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

NAME: (Print) _____

TEL # _____

SIGNATURE: _____ DATE _____

18. TOWNSHIP OF WOOLWICH CONTACT INFORMATION

All information submitted in a grant application becomes public information and will be shared with the public upon request. Completed applications with all required attachments should be forwarded to:

Sarah Goldrup, Council and Committee Coordinator
Township of Woolwich
Council and Information Services
P.O. Box 158, 24 Church Street West, Elmira, ON N3B 2Z6
Phone: (519) 669-6004; Fax (519) 669-1820
E-mail: sgoldrup@woolwich.ca