



**WS Community Grants, Donations and  
In Kind Support Program 2019**

**Important Information and Application Instructions**

**There will be two intake periods in 2019- March 1 and September 1. Applicants must submit their financial requests for 2019 grants to the Manager, Culture and Community Services before March 1, 2019.**

**If an organization has received funding from the Town in previous years, it is mandatory that the follow up report (required under the terms of the prior grant) must be received by the Manager, Culture and Community Services, on or before March 1, 2019.**

1. Applicants must complete this application form, any additional forms, such as the Special Events Application Form, if required.
2. Organizations may request financial assistance once per calendar year.
3. Applicants must include the organization's proposed budget for the year for which the funds are requested.
4. The Manager, Culture and Community Services and the Director, Finance will review the application for completeness. Applicants will be asked to provide any missing information, which must be received by the Manager before the application is presented to Special Events Advisory Committee (SEAC).
5. SEAC will consider all applications based on the eligibility criteria and information provided on the application. The committee will make recommendations to Council regarding the relevance of the project / event, grant or donation amounts or in-kind support.
6. Council will make the final decision concerning any support. Council may wish to attach other conditions to the grant and to the reporting requirements. All decisions are final.
7. Upon approval of the grant, donation or in-kind request, by Council, the Director of Finance will allocate the funds as directed.



TOWN OF

**WHITCHURCH-STOUFFVILLE**

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**WS Community Grants, Donations and  
In Kind Support Program 2019**

**Eligibility**

**To be eligible for funding, organizations should satisfy the following criteria:**

- There must be a demonstrable or potential social, economic or other benefit to the community / residents of the Town of Whitchurch-Stouffville.
- The project/event must be in keeping with any strategic goals and objectives that have been set or endorsed by Town Council <http://www.townofws.ca/en/town-hall/corporate-reports-strategies-and-plans.aspx>
- The organization must have a minimum of 75% of its membership or registrants comprised of Town of Whitchurch-Stouffville residents.
- The services provided by this project/event must demonstrate inclusivity, and are to be available to citizens in the community on an equal basis, even though they may be confined to a limited segment of the community.
- The organization must demonstrate a reasonable effort to raise funds from sources other than the Town of Whitchurch-Stouffville, such as private and corporate sponsors and other levels of government.
- Previous project/event experience will be considered an asset.



**WS Community Grants, Donations, In-Kind Support Application**

Application Deadline – 4:00p.m., Friday, March 1, 2019 and 4:00 pm, Sunday, September 1, 2019.

Submit to Joan Crosbie, Manager of Culture and Community Services at the Town Offices or by email: [joan.crosbie@townofws.ca](mailto:joan.crosbie@townofws.ca)

Please note that handwritten applications will not be accepted. Where there is insufficient space to answer a question, please attach a separate sheet and attach it to your application.

**SECTION “A” – PROJECT / EVENT INFORMATION**

Project / Event Name and Date(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (fax): \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (fax): \_\_\_\_\_

**A1. AMOUNT / VALUE OF ASSISTANCE BEING REQUESTED: \$ \_\_\_\_\_**

**A2. Has your organization previously received grants from the Town of Whitchurch-Stouffville?**

Yes     No

If yes, please list the grant amounts received from the last 3 successful requests:

Year \_\_\_\_\_ Amount / Value \$ \_\_\_\_\_

Year \_\_\_\_\_ Amount / Value \$ \_\_\_\_\_

Year \_\_\_\_\_ Amount / Value \$ \_\_\_\_\_

**A3. For Organizations/ Service Clubs:**

Are you a charitable or non-profit organization?     Yes     No

Registration Number, if applicable: \_\_\_\_\_

Date of incorporation, if applicable: \_\_\_\_\_

Please attach a list of the names and phone numbers of the executive.

What percentage of the membership / registrants are Town of Whitchurch-Stouffville residents? Current year: \_\_\_\_\_ Previous year: \_\_\_\_\_

**A4. Describe your project / event and how the grant / in-kind support will benefit your project / event:**

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**A5. What is the anticipated outcome/ results of your project?**

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**A6. How does the Whitchurch-Stouffville community benefit from your activities?**

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**A7. Who is the demographic / target audience for your project / event and what audience makes use of your services?**

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**A8. How many volunteers and volunteer hours are anticipated for this project?**

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**A9 What amount of your annual expenses are used to support the administration of your organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage, rent, utilities, accounting) \$\_\_\_\_\_ or \_\_\_\_\_%**

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**SECTION "B" – FUNDING / FUNDRAISING**

**B1. For this event, has funding been requested or received from other sources, including granting agencies, corporations, charities or other levels of government?**

- Yes                       No

If yes, please indicate to which level of government and the current status of the request:

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**B2. Details of fund-raising activities planned for this year (use a separate sheet if necessary)**

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**SECTION "C" - FINANCIAL INFORMATION**

**C1. If your organization has formally prepared financial statements, please attach them to this application.**

**C2. If your organization does not have current financial statements, please complete the following form.**

**C2a. Outline your organization's sources of operating revenue:**

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
Membership fees		
Program fees / fees for service		
Other government funding		
Other grants		
Fundraising		
Sponsorship		
Donations		
Gifts In Kind		
Other (please specify)		
<i>Total Revenues:</i>		

Note: If the organization has formally prepared financial statements, we expect these to be attached to this application

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**SECTION "D" – PROJECT / EVENT BUDGET TEMPLATE**

<b>Category/Item</b>	<b>Amount</b>
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**REVENUES**

**Projected Program / Event Earned Revenue**

Admissions/Box Office/Subscriptions \_\_\_\_\_

Fees (paid to you) \_\_\_\_\_

Other Earned Revenue (Please Specify) \_\_\_\_\_

**Total Private Sector Revenue** \_\_\_\_\_ **A**

**Other Revenue**

Individual Donations \_\_\_\_\_

Corporate Donations \_\_\_\_\_

Corporate Sponsorship (Please List) \_\_\_\_\_

Foundation Grants/Donations \_\_\_\_\_

Special Fundraising Events (Gross) \_\_\_\_\_

Other Private Sector Revenue \_\_\_\_\_

**Total Private Sector Revenue** \_\_\_\_\_ **B**

**Government Revenue** (specify Program applied to and status of request)

Government Program: \_\_\_\_\_

Amount of request: \_\_\_\_\_

**Total Government Revenue** \_\_\_\_\_ **C**

**Town of Whitchurch-Stouffville (pending this application)** \_\_\_\_\_ **D**

**Value of In-Kind Contributions required from the Town** \_\_\_\_\_ **E**

**TOTAL GROSS REVENUE** \_\_\_\_\_ **F**

**(A+B+C+D+E) = F**

**EXPENDITURES**

Service Fees (please list services and providers) \_\_\_\_\_

Honorariums (please provide a list of amounts) \_\_\_\_\_

Administrative Salaries (employees) \_\_\_\_\_

Production/Technical Salaries and Fees \_\_\_\_\_

Other Artistic/Production/Tech Expenditures (please list) \_\_\_\_\_

Marketing/Promotion Costs \_\_\_\_\_

Fundraising \_\_\_\_\_

Venue Rental \_\_\_\_\_

Other Project Expenditures (please list) \_\_\_\_\_

**TOTAL EXPENDITURES** \_\_\_\_\_ **G**

**(Balanced: F = G)**

I certify that the above information is accurate to the best of my knowledge

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION**

***In signing this Declaration, I certify that:***

I have read and agree to all the regulations, terms and conditions of funding as outlined in the application form and Grants Information / Instruction document.

To the best of my knowledge the information provided herein is true.

I acknowledge that all decisions of Council are final.

Changes in scale, activities and time frame of the project for which the grant was awarded must be reported to Council, care of the Treasurer for the Town of Whitchurch-Stouffville, in a prompt manner.

The entire amount of the grant will be spent within one year from the date of the grant and for the purpose as detailed in this application.

Should the project / event be cancelled, the applicant will return the funding to the Town within 30 days of the cancellation.

As a recipient of public funds, I / we are required to maintain adequate records as to receipts and the disbursements of funds received.

Upon completion of the project for which the grant was received, I will report back to the Special Events Advisory Committee on the success of the project and include examples of how the Town was recognized for its donations. Reporting must be done within 60 days of the completion of the project.

I / We agree to acknowledge the support of the Town of Whitchurch-Stouffville in all promotional materials relating to the activities for which the funds were granted. (Logos are available by emailing [joan.crosbie@townofws.ca](mailto:joan.crosbie@townofws.ca))

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Date: \_\_\_\_\_



**Town Use Only**

APPLICATION RECEIVED:

COUNCIL MTG. DATE:

AMOUNT:

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS FROM STAFF/ SEAC: