



THE CORPORATION OF THE CITY OF THOROLD
RECREATION, ARTS AND CULTURE GRANTS
TO VOLUNTEER ORGANIZATIONS

APPLICATION FORM FOR FINANCIAL ASSISTANCE OR IN-KIND SERVICES

1. Eligibility Criteria

Please answer “yes” or “no” to the following questions by completing the checkbox:

| | Yes | No |
|--|-----|----|
| Is your group physically located within The Regional Municipality of Niagara? | | |
| Does 50% or more of your group’s members, registrants, and/or participants reside in the City of Thorold? | | |
| Is your group a not-for-profit organization? | | |
| Is your group incorporated and/or registered under the Canada Income Tax Act for the purpose of receiving charitable donations? | | |
| Does your group have a formal administrative structure responsible for the overall management of the group’s resources, responsible for the administration of its funds and have a Board of Directors that is representative of the community you serve? | | |
| Have you provided your group’s audited financial statements for the previous fiscal year, and current year budget statements? (required for grants or services over \$2000) | | |
| Will your proposed services be extended to all members of the public in the City of Thorold, and not exclude anyone by reason of race, religion or ethnic background? | | |
| Are you applying for financial assistance to fund shortfalls resulting from programs or services of any kind that were commenced without prior consultation with the City? | | |
| Are you applying for financial assistance to fund cumulative deficits? | | |
| Are you applying for financial assistance to fund outstanding operating deficits? | | |
| Are you applying for financial assistance for retroactive funding (i.e. a service you have already begun to provide)? | | |
| Are you applying for a sport, cultural and recreational travel grant? Groups may apply for this type of assistance through the “Sports, Culture and Recreational Travel Grants Policy”, which is separate from this policy. | | |
| Are you applying for financial assistance for capital expenditures? | | |
| Are you seeking a grant while acting in the capacity of another funding organization? | | |
| If your group generates surplus revenue through the service for which you are seeking a grant, will you donate that surplus to another group or organization? | | |

2. Contact Information**Group's Name and Contact Information:**

| | |
|---|--|
| Name of Organization: | |
| Name of Contact: | |
| Telephone Number: | |
| Organization Address: | |
| Postal code: | |
| Email: | |
| Website: | |
| Date of Organization Incorporation: | |
| What is the total number of members/participants in your group? | |

Type of Organization:

Non-Profit Registered Charity Other

Please provide the registration number of your registered charity if applicable:

Describe your group's purpose or the mission statement of your group:

3. Amount for Grant requested:

If not requesting any monetary amount, please enter \$0 and proceed to section #4.

What is the total dollar amount of grant you are seeking from the City of Thorold?

This municipal grant represents what percentage of your total funding for the service?

4. In-Kind Services requested from the City of Thorold

Is your group requesting any In-Kind Services from the City of Thorold?
For example, staff time, City resources such as use of barricades?

Yes No

Has your group applied for any other in-kind and/or
financial assistance from the City of Thorold this year?

Yes No

Please fill out the chart below:

| Service of In-Kind Assistance Requested | Value determined by Staff (TO BE INSERTED BY MUNICIPAL STAFF) |
|---|--|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

5. Purpose of Grant or In-Kind Services requested:

Please check one of the following:

| | |
|--|--|
| To maintain an existing level of service | |
| To provide expanded services | |
| For a new program | |
| For capital expenditures | |
| Other | |

6. What is the proposed use of these funds or services?

(Please attach a detailed budget for the use of the funds along with written explanation)

7. Community Impact:

How will your organization's initiative improve the community? What community needs will you address?

8. Financial Sustainability:

(A) Is it anticipated that the activities for which this assistance is being requested will become self-supporting in the future and if so, how? If not, why not?

(B) Please describe your fundraising activities both past, current, and planned and include the amount of funding generated and expected to be received in the future (If needed attach a separate sheet):

9. Inclusiveness

(A) Please describe how the service for which you are requesting this grant ensures accessibility for persons from diverse ethnic and cultural groups:

(B) Please describe how the service for which you are requesting this grant ensures accessibility for persons with disabilities:

10. Your Group's Financial Resources (For requests totaling greater than \$2000)

If your group has any funds set aside to be used for other purposes such as major projects or capital improvements, or reserves that are not included in your operating budget, please attach a list showing:

- (i) the amount, and
- (ii) the reasons that these assets have been set aside.

11. Attach the following information to your application:

- a) Detailed budget for the year in which the grant is requested, including how the grant funds or services will be used.
- b) A one- or two-page summary of major programs and services provided, plus any other information which you feel would support your application.
- c) A complete list of Board or Committee members including their position on the Board or Committee.

12. If requesting a grant for \$2000 or more, you must include the following:

- a) Detailed audited or reviewed financial statements for the current year and one or more previous years.
- b) If your group has any funds set aside to be used for other purposes such as major projects or capital improvements, or reserves that are not included in your operating budget, please attach a list showing:
 - (i) the amount, and
 - (ii) the reasons that these assets have been set aside.

13. Conditions Associated with Grant Approval

Having received approval for a community grant from The Corporation of the City of Thorold, the group agrees to the following conditions (*please read the following and sign at the end to acknowledge that you have read and understood the conditions as presented*):

- a) The group confirms that the representations contained in the application for a grant are true and correct in every respect and that if the funds are not used for the service as described in the application, or if there are misrepresentations in the application, the full amount of the grant will be payable forthwith to the City of Thorold.
- b) If there is any change in the funding of the service from that contemplated in the application, the City of Thorold will be notified of such changes forthwith.
- c) That the group will make or continue to make attempts to secure funding from other sources as so indicated in this application.
- d) That the group will keep proper books of accounts, of all receipts and expenditures, relating to the project or program.
- e) That the group will make available for inspection by The Corporation of the City of Thorold or its auditors, all records, and books of accounts of the organization upon request from the City.
- f) That if the service proposed in the group's application is not commenced or is not completed and there remains City of Thorold funds on hand or is completed without requiring the full use of the City of Thorold funds, such funds will be returned to The Corporation of the City of Thorold.
- g) That the service is not represented as a city project and that the organization does not have the authority to hold itself out as an agency of the City in any way; the relationship being that the City has approved a community grant to the group.
- h) Within 30 days after the group's service has been administered, the group must complete the "Final Report" and return it to the Recreation Coordinator. Failure to complete the Final Report will render groups ineligible to apply for future grants under this program.

13. Authority and Acknowledgement

Please have 2 signing officers of your group complete the following:

We certify, to the best of our knowledge, that the information provided in this financial assistance request is accurate and complete, and it is endorsed by the group that we represent, and that we have read the policy and provisions and agree to all terms and conditions therein.

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Signature 1

Title

Date

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|--|

(PRINT NAME)

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Signature 2

Title

Date

| |
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|--|

(PRINT NAME)

Availability of Information to the Public

Please be advised that information in your grant application is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used to determine eligibility for municipal grants by the City, and as such, is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act.