

**THE CORPORATION OF THE CITY OF THOROLD**  
RECREATION, ARTS AND CULTURE GRANTS TO VOLUNTEER ORGANIZATIONS  
APPLICATION FORM FOR FINANCIAL ASSISTANCE

**1. Eligibility Criteria**

Please answer (x or √) “yes” or “no” to the following questions.

	Yes	No
(A) Is your group physically located with The Regional Municipality of Niagara?		
(B) Do the majority of your group’s members, registrants, and/or participants reside in the City of Thorold?		
(C) Is your group a not-for-profit organization?		
(D) Is your group incorporated and/or registered under the Canada Income Tax Act for the purpose of receiving charitable donations?		
(E) 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?		
(F) Have you provided your group’s audited financial statements for the previous fiscal year, and current year budget statements?		
(G) Will your proposed services be extended to all members of the general public in the City of Thorold, and not exclude anyone by reason of race, religion or ethnic background?		
(H) 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?		
(I) Are you applying for financial assistance to fund cumulative deficits?		
(J) Are you applying for financial assistance to fund outstanding operating deficits?		
(K) Are you applying for financial assistance for retroactive funding (i.e. a service you have already begun to provide)?		
(L) 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.		
(M) Are you applying for financial assistance for capital expenditures?		
(N) Are you seeking a grant while acting in the capacity of another funding organization?		
(O) 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**

(A) Group’s Name and Contact Information

Name:	
Telephone Number:	
Address:	
Postal code:	
Email:	
Website:	
Not-For-Profit Registration Number:	

(B) Directors and Executive of Your Group and Their Contact Information (you must identify your Chief Executive Officer)

<b>Names</b>	<b>Position Within the Group</b>	<b>Address</b>	<b>Telephone #</b>
	Chief Executive Officer		

(C) Group’s Representative to be contacted on Financial Matters

Name:	
Position within the group:	
Telephone number:	
Address:	
Postal code:	

(D) Date and place of incorporation of your group?

(E) Describe the mandate of your group.

**3. Group Members and Volunteers**

(A) What is the total number of members/participants in your group?

(B) What is the total number of volunteers in your group?

**4. Staffing, Salaries and Wages in Your Group**

A) List all Full Time and Part Time positions in your group and salaries/wages.

<b>Position Title</b>	<b># of Persons in this Position</b>	<b>Is This a Full Time or Part Time Position?</b>	<b>Previous Year's Salary/Wage</b>	<b>Current Year's Salary/Wage</b>

B) List the Full Time and Part Time salaries/wages as a percentage of your group’s total expenditure budget.

	<b>Amount \$</b>	<b>% of Total Expenditures</b>
Full time salaries/wages		
Part time salaries/wages		
TOTAL		

**5. Your Group’s Financial Resources**

A) If your group has any funds set aside to be used for other purposes such as major projects or capital improvements, that are not included in your operating budget, please show (i) the amount, and (ii) the reasons that these assets have been set aside.

<b>Amount of Funds Set Aside</b>	<b>Reason</b>



**7. Services for Which You are Seeking Financial Assistance from the City of Thorold**

(A) Describe the services for which you are seeking assistance. Please list individual programs, activities, special events, tournaments, competitions, performances, etc.

(B) Describe the community needs addressed by these services and how you determined the need for the services.

(C) Describe the goals and objectives of the services for which you are seeking funding.

(D) Describe how the goals and objectives of the services for which you are seeking funding will be achieved? Describe how you will measure the achievement of your goals and objectives.

(E) What age groups will be served? Please indicate the number and percentage of the total participants in your proposed services in each of the following age groups.

Age Group	Number of Participants	Percentage of Participants
0-4 years of age		%
5-9 years of age		%
10-14 years of age		%
15-19 years of age		%
20-39 years of age		%
40-64 years of age		%
65+ years of age		%
<b>TOTAL</b>		<b>100 %</b>

(F) What percentage of the participants in your proposed services will be residents of the City of Thorold and what percentage will be non-residents?

	Percentage of Participants
Residents	%
Non-residents	%

**8. Amount of Grant Requested:**

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

\$

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

%

**9. Use of and Impact of Municipal Grant**

(A) If your group were to receive grant funds from the City of Thorold, explain specifically how the grant funds would be used (i.e. applied to specific program areas, specific expenditures, specific activities, etc.).

(B) Explain the impact the grant funds would have.



**11. Coordination of Services**

(A) Please list the names of any other groups in the City of Thorold that may offer services similar to those which you are seeking funding as your group.

(B) If there are any other groups that offer the same services for which you are seeking funding, please describe whether there is any exchange/program coordination that takes place between the groups and/or any joint projects.

**12. Inclusiveness**

(A) Please describe how the service for which you are requesting City funding ensures accessibility for persons from diverse ethnic and cultural groups.

(B) Please describe how the service for which you are requesting City funding ensures accessibility for persons with disabilities.

**13. Measuring Service Outcomes**

(A) How will your service be evaluated to ensure that it has met the goals and objectives you specified?

(B) Identify the key outcomes that will be used to measure the attainment of goals and objectives.

(C) If this service is provided each year, does your group conduct an annual evaluation of the service?

Yes  No

(D) If this service is provided each year, and you **do not** conduct an annual evaluation, please explain the reason why not.

(E) Do you conduct participant satisfaction surveys?

Yes  No

(F) If you conduct participant satisfaction surveys, please describe how often they are conducted.

(G) If you **do not** conduct participant satisfaction surveys, please describe the reason why not.

**14. Acknowledging the City's Contribution**

If successful, how will you formally recognize/acknowledge the City's contribution?

**15. Additional Information Required. Attach the Following Information to Your Application**

- A) Detailed budget or forecast for the current year and one or more previous years.
- B) Detailed audited financial statements for the current year and one or more previous years.
- C) The results of your most recent participant satisfaction survey conducted, if applicable. Also, provide a copy of the survey form that participants complete.

**16. 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 in the event that 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 not be 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.**

**17. 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.*

Signature 1	Title	Date
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(PRINT NAME)

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.

**THE CORPORATION OF THE CITY OF THOROLD**  
RECREATION, ARTS AND CULTURE GRANTS TO VOLUNTEER ORGANIZATIONS  
APPLICATION FORM FOR IN-KIND ASSISTANCE  
ONE TIME EVENT/SERVICE

**1. Eligibility Criteria**

Please answer (x or √) “yes” or “no” to the following questions.

	Yes	No
(A) Is your group physically located with The Regional Municipality of Niagara?		
(B) Do the majority of your group’s members, registrants, and/or participants reside in the City of Thorold?		
(C) Is your group a not-for-profit organization?		
(D) Is your group incorporated and/or registered under the Canada Income Tax Act for the purpose of receiving charitable donations?		
(E) Will your proposed services be extended to all members of the general public in the City of Thorold, and not exclude anyone by reason of race, religion or ethnic background?		
(F) Are you seeking a grant while acting in the capacity of another funding organization?		
(G) 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**

(A) Group’s Name and Contact Information:

Name:	
Telephone number:	
Address:	
Postal code:	
Email:	
Website:	
Not-For-Profit Registration Number:	

(B) Group’s representative to be contacted:

Name:	
Position within the group:	
Telephone number:	
Address:	
Postal code:	

(C) Describe the mandate of your group.

**3. Previous In-Kind Assistance Received From the City of Thorold**

(A) Has your group received in-kind assistance from the City of Thorold at any time in the past?

Yes  No

(B) If “YES”, list the years for which assistance was requested, the type of in-kind assistance, and the value of the in-kind assistance received.

Year	Type of In-Kind Assistance Requested	Value of Subsidy/Grant (TO BE INSERTED BY MUNICIPAL STAFF)
		\$
		\$
		\$

**4. Current In-Kind and/or Financial Assistance Requested From the City of Thorold**

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

Yes  No

(B) If “YES”, list the type of in-kind and/or financial assistance, and the value of the in-kind and/or financial assistance requested.

Year	Type of In-Kind Assistance Requested	Value of Subsidy/Grant (TO BE INSERTED BY MUNICIPAL STAFF)
		\$
		\$
		\$

**5. Services for Which You are Seeking In-Kind Assistance from the City of Thorold**

(A) Describe the services for which you are seeking assistance. Please list individual programs, activities, special events, tournaments, competitions, performances, etc.

(B) Describe the community needs addressed by these services and how you determined the need for the services.

(E) What age groups will be served? Please indicate the number and percentage of the total participants in your proposed services in each of the following age groups.

<b>Age Group</b>	<b>Number of Participants</b>	<b>Percentage of Total Participants</b>
0-4 years of age		%
5-9 years of age		%
10-14 years of age		%
15-19 years of age		%
20-39 years of age		%
40-64 years of age		%
65+ years of age		%
<b>TOTAL</b>		<b>100 %</b>

(F) What percentage of the participants in your proposed services will be residents of the City of Thorold and what percentage will be non-residents?

	<b>Percentage of Participants</b>
Residents	%
Non-residents	%

**6. Acknowledging the City’s Contribution**

If successful, how will you formally recognize/acknowledge the City’s contribution?

**7. Conditions Associated With In-Kind Service Approval**

Having received approval for in-kind services 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 in-kind assistance are true and correct in every respect.
  
- (B) That the service not be 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 an in-kind grant to the group.

**8. 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.*

_____ Signature 1	_____ Title	_____ Date
_____ (PRINT NAME)		
_____ Signature 2	_____ Title	_____ Date
_____ (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.