



CITY OF Welland

2024 Annual Permissive Grant Application Policy # FIN-001-0007

APPLICATION DEADLINE – SEPTEMBER 30, 2023

INCOME STATEMENT MUST BE PROVIDED TO THE DIRECTOR OF FINANCE / CHIEF FINANCIAL OFFICER / TREASURER REPORTING ON THE USE OF 2023 GRANT FUNDS.

Date: []

(1)

Name of Organization: []
Mailing Address: [] City: []
Province: [] Postal Code: []
Phone: [] Charitable Number: []
Date of Incorporation: [] Not Incorporated: []
Email Address: []
Website: []

(2)

Primary Contact Person: []
Position: []
Phone: []
Email Address: []

(3)

Amount of Grant Request (\$): []

Is this a Capital Grant? YES NO

If YES, complete the following below: If NO, proceed to Section (4)

Table with 3 columns: Description, Date, Attached. Rows include: Complete capital budget showing sources and uses of all capital funds...; Estimation of on-going operating costs for the project (if any)

(4)

Please include the following items:	Date	Attached
a) Your most recent annual report audited or reviewed financial statement (revenue and expenditure statement and balance sheet		
b) Interim Financial statement for your current fiscal year		
c) Budget for year in which grant is requested		
d) A one to two page summary of major programs and services provided, plus any other information which you feel would support your application		
e) A complete list of Board or Committee members including their position on the Board or Committee		

All items above must be included in your application to be considered complete. If an item cannot be included, state the reasons why in the applicable box above.

(5)

Municipalities within which operations are conducted:

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(6)

PURPOSE OF ORGANIZATION: Describe the overall goal or mission statement of the Agency

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(7)

PURPOSE OF GRANT:

	To Maintain an existing level of service
	To provide expanded services
	For a new program
	For Capital expenditures
	Other
Explain:	

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(8)

Why should public funds be given to your organization?

(9)

Is it anticipated 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?)

(10)

Has your organization made a grant request to Welland Council in the past?

YES

(if yes, please give history)

NO

Year Requested	Amount Requested (\$)	Amount Received (\$)

(11)

Has your organization requested funding assistance in the last 12 months from, or does it plan to make an application to, any other municipal, provincial or federal department or agency?

YES

(if yes, please give history)

NO

Requested from Whom	Date Requested	Amount Requested (\$)	Amount Received (\$)	Refused

(12)

Please describe your organization's use of volunteers.

(13)

Does your organization provide grants, donations or contributions to other organizations or individuals? If so, please describe.

(14)

Please describe your fundraising activities both current and planned.
(Attach separate sheet if required)

(15)

How does your organization acknowledge (or plan to acknowledge) the City?

(16)

Under the Accessibility for Ontarians with Disabilities Act (AODA), municipalities and their affiliates must give regard to persons with disabilities. Please describe how you will give regard to persons with disabilities within your programs and activities.

(17)

We certify to the best of our knowledge, the information provided in this application for a Grant is accurate and complete and is endorsed/approved by the Board or Committee of the organization which we represent.

Any applicant that provides false, inaccurate, or incorrect information will immediately be requested to refund 100% of any grant approved by Council. In addition, all future applications will not be considered by Council.

Chairperson

Name:	
Phone:	
Email:	
Signature:	
Date:	

Treasurer

Name:	
Phone:	
Email:	
Signature:	
Date:	

Executive Director

Name:	
Phone:	
Email:	
Signature:	
Date:	

Please ensure all sections have been answered. Failure to do so will result in your application being considered incomplete.

Forward completed application with attached documentation:

By email to: ar@welland.ca

or Mail to: Elizabeth Pankoff, CPA, CGA, MBA
Interim Director of Finance, Chief Financial Officer, Treasurer
Corporation of the City of Welland
60 East Main Street, Welland, ON L3B 3X4
Phone (905) 735-1700 Ext. 2173
Fax (905) 732-1919