

(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 | | |

(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: | |

(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 (\$) |
|----------------|-----------------------|----------------------|
| | | |
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| | | |
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(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: | |

Forward completed application with attached documentation:

By email to: ar@welland.ca

or Mail to: Steven Fairweather, CPA-CA, MPA, DPA
 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. 2120
 Fax (905) 732-1919