

THE CORPORATION OF THE TOWN OF PARRY SOUND

MUNICIPAL ASSISTANCE PROGRAM

APPLICATION FORM

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. TELEPHONE #: _____ E-MAIL: _____

4. CONTACT PERSON: _____

5. LIST OF CURRENT EXECUTIVE & CONTACT INFORMATION:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. STATEMENT OF GOALS, OBJECTIVES & MANDATE: _____

7. MEMBERSHIP/ PARTICIPATION INFORMATION:

i) NUMBER OF TOWN OF PARRY SOUND MEMBERS: _____

ii) NUMBER OF SEGUIN TOWNSHIP MEMBERS: _____

iii) NUMBER OF MCDUGALL TOWNSHIP MEMBERS: _____

iv) NUMBER OF CARLING TOWNSHIP MEMBERS: _____

v) NUMBER OF MCKELLAR TOWNSHIP MEMBERS: _____

vi) NUMBER OF WHITESTONE TOWNSHIP MEMBERS: _____

vii) NUMBER OF TWP. OF THE ARCHIPELAGO MEMBERS: _____

viii) OTHER: _____

8. MEMBERSHIP FEES (if applicable): _____

9. REGISTRATION FEES (if applicable): _____

10. OTHER FEES OR SOURCES OF FUNDING (if applicable): _____

11. AMOUNT OF FUNDING REQUESTED: \$ _____

12. PURPOSE AND DETAILS OF REQUEST AND HOW GRANT WILL BE USED TO BENEFIT THE GROUP/ORGANIZATION (ie: increase membership, awareness, etc.): _____

13. IS ANY OTHER FUNDING CONTINGENT UPON RECEIVING A GRANT FROM THE TOWN?:

14. HAS YOUR ORGANIZATION REQUESTED FUNDING IN THE PAST?

YES _____ NO _____ YEAR _____ AMOUNT RECEIVED \$ _____

15. PURPOSE OF PREVIOUS GRANT:

16. PLEASE LIST POSITION(S) AND AMOUNT OF ANY INDIVIDUAL(S) IN YOUR ORGANIZATION/GROUP WHO RECEIVES SALARIES OR HONORARIA: _____

17. INSURANCE COVERAGE AMOUNT (if applicable): _____

18. NAME OF INSURER: _____

19. DATE OF ANNUAL GENERAL MEETING OR POST-PROJECT WRAP-UP MEETING: _____

20. THIS GRANT APPLICATION WAS AUTHORIZED BY A MOTION OF THE GROUP/ ORGANIZATION ON THE _____ DAY OF _____,

20__.

AUTHORIZED SIGNATURES:

PRESIDENT

TREASURER

* Please attach a copy of the group/organization's most recent financial report detailing expenditures and revenues.

