

GRANT FUNDING APPLICATION

FUNDING PERIOD: January 1st, 2024 – December 31st, 2024

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Contact information

Organization name	
Address	
Contact information:	
Name	
Telephone	
Fax	
Email	
CRA charitable registration number	

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Description of project

Project name

Project abstract

Provide a summary description of the project

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Subject area(s) of project

Select all of the subject areas the project addresses

	Type	Description
<input type="checkbox"/>	Community betterment	
<input type="checkbox"/>	Community service	
<input type="checkbox"/>	Community special events	
<input type="checkbox"/>	Arts, culture & heritage	
<input type="checkbox"/>	Economic development	
<input type="checkbox"/>	Tourism	
<input type="checkbox"/>	Youth/Senior events	
<input type="checkbox"/>	Other	

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Type(s) of assistance requested

Select all of the relevant Town resources that are being requested

	Type	Description
<input type="checkbox"/>	Grant Funding	Amount: \$
<input type="checkbox"/>	Waiving fees or service charges	
<input type="checkbox"/>	Town staff support	
<input type="checkbox"/>	Town equipment or materials	
<input type="checkbox"/>	Town property or facilities	
<input type="checkbox"/>	Other	

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Grant spending

Where grant funding is requested, specify what will be purchased

	Type	Description	Amount
<input type="checkbox"/>	Wages & remuneration		\$
<input type="checkbox"/>	Materials & supplies		\$
<input type="checkbox"/>	Accommodation & utilities		\$
<input type="checkbox"/>	Advertising & promotion		\$
<input type="checkbox"/>	Contracted & professional services		\$
<input type="checkbox"/>	Other		\$

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Deliverables of the project

Specify exactly what the project will deliver, including goals, objectives & measures of success

1.
2.
3.
4.
5.
Other:



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Organizational information

Community needs

How did you determine that there was a need for this project in the Town of Goderich?	
What other community support do you expect to receive in delivering this project?	



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Organizational strength

What governance model is used by your organization?	
What other organizations are you partnered with?	
Describe the qualifications that members of this organization have in delivering this project	

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Financial condition

Does this organization have any loans, deficits or other liabilities?	
What other sources of revenue do you have? Please Provide details.	
What other sources of revenue might be available?	
What is the impact if grant funding is not provided by the Town of Goderich?	

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Breakdown of Funding Sources

Source	\$	%
Total Funding		%



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Other information required

If this organization has received grant funding in previous funding periods, include with this application how this funding was spent
Board member(s) or governing body listing
Most recent financial statements.
Budget for 2024
Letter of confirmation from board or governing body approving application for the Town of Goderich grant funding.