



**TOWN OF SHELburnE**

203 Main Street East,  
Shelburne, ON L9V 3K7  
Phone: 519-925-2600  
Fax: 519-925-6134  
Email: shelburne@shelburne.ca  
Website: www.shelburne.ca

**APPLICATION FOR FINANCIAL SUPPORT**

**GENERAL FUNDING**

(please print information)

Organization Name:

\_\_\_\_\_

Full Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (fax) \_\_\_\_\_

1 AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED:

\$ \_\_\_\_\_

2 How will the funds be used?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 Have funds been requested from other levels of government? Yes\_\_\_\_No\_\_\_\_  
If yes, please indicate to which level of government and the current status of the request:

---

---

---

4 Details of fund-raising activities planned for this year (use a separate sheet if necessary)

---

---

---

---

---

5 Outline the mission, purpose and objectives of your organization:

---

---

---

---

6 How does the Town of Shelburne community benefit from your activities?

---

---

---

7 Who takes part in your activities or makes use of your services (including ages if applicable)?

---

---

---

8 Percentage of membership/registrants who are Town of Shelburne residents:

Current Year:\_\_\_\_\_

Previous Year:\_\_\_\_\_

9 What amount of your annual expenses are used to support the administration of your organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage, rent, utilities, accounting) \$ \_\_\_\_\_ % \_\_\_\_\_

10 Please provide a listing of your membership fees, fees for service and/or participation fees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 Has your organization previously received grants from the Town of Shelburne:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the grant amounts received from the last 3 successful requests:

Year \_\_\_\_\_ Amount \_\_\_\_\_  
Year \_\_\_\_\_ Amount \_\_\_\_\_  
Year \_\_\_\_\_ Amount \_\_\_\_\_

12 Do you donate funds to any other group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom and for what purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 Is your organization registered as a charitable or non-profit organization?

Circle as applicable: Charitable Non-Profit

Registration number: \_\_\_\_\_

(This section must be completed)

14 How long has your organization been in operation? \_\_\_\_\_

15 Annual Meeting Date: \_\_\_\_\_

16 If you are reapplying for this grant, please outline how the grant money you received last year was spent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 Officers for current year:

President: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Secretary: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Treasurer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>		
APPLICATION RECEIVED:	APPROVED:	AMOUNT:
COMMITTEE MTG. DATE:	DENIED:	COMMENTS:

**FINANCIAL STATEMENT**

Outline your organization's sources of operating revenue:

<b>Revenue Sources (be specific)</b>	<b>Amount Received (previous financial yr.)</b>	<b>Current Budget (projected)</b>
Membership fees		
Program fees / fees for service		
Other government funding		
Other grants		
Fundraising		
Sponsorship		
Donations		
Gifts In Kind		
Other (please specify)		
<i>Total Revenues:</i>		

**PROPOSED BUDGET**

Expected Costs Description	\$ Amount	Expected Funding Sources	\$ Amount	√ confirmed	√ requested
<i>Sub-Total:</i>		<i>Sub-Total:</i>			

**Funding Request: \$ \_\_\_\_\_**

In-Kind Contributions (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	√ confirmed	√ requested
<i>Total:</i>				

Volunteer Support (associated with the proposal)

#of volunteers involved: \_\_\_\_\_ Total hours of volunteer time contributed: \_\_\_\_\_