

Municipal Grant Application

Please be sure to review the [Municipal Grant Policy](#) prior to application submission.

Please complete this form and return to:

Municipality of Huron East

Attn: Treasurer

Mail: PO Box 610, 72 Main Street South, Seaforth, Ontario

Email: treasurer@huroneast.com

Name of Organization:

Mailing Address:

Contact name:

Phone number:

Email address:

Project/Program Name:

Amount Requested:

Project/Program Start Date:

Project/Program End date:

Please pick one of the following funding streams for the project:

Program Funding: intended to be used by community organizations to support an activity, event, or program that provides immediate or near-term benefit to the residents of Huron East. Program funding is not intended to be used to offset or

cover regular operational expenses of the community organization. Program funding is a direct payment to a community organization.

Program or Project In-Kind Assistance: intended to provide in-kind contribution grants to support specific project initiatives that promote a broad community benefit through the improving of well-being of the community and quality of life for Huron East residents. In-Kind Assistance is not a direct payment to a community organization, it is a reduction or full relief of municipal fees, rental charges and/or permit/licensing costs.

Please provide a list of other funding sources, including any in-kind contributions and partnerships.

Describe the project and specific request, in detail::

Please outline the service need or uniqueness that is being provided, to demonstrate responsiveness to the community of Huron East:

Please attach any additional information you feel may assist in the evaluation and consideration of your application.

Note: any organizations that receive funding from the Municipality shall provide a written report on how the funding was spent and the benefit to the community.

Acknowledgement:

I have read the [Municipal Grants Policy](#) and confirm that the organization will comply withal requirements. I confirm that I have the authority to sign this application on behalf of the organization. I confirm that all the information in this application and the attached document is true, to the best of my knowledge.

Personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing the application. Questions about the collection of personal information may be addressed to the Clerk of the Municipality of Huron East, PO Box 610, 72 Main Street South, Seaforth ON, N0K 1W0 or clerk@huroneast.com

Signature:

Date: