



Town of Arnprior
 105 Elgin Street West
 Arnprior, ON.
 K7S 0A8
 613-623-4231

Municipal Grants Application

General Information	Submission Date: _____		
Name of Organization:			
Street Address:			
City/Town:		Postal Code:	
Contact Person:		Position/Title:	
Telephone:		Fax Number:	
E-mail:			
What is your organization's status?	Charitable	Not-for-profit	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorization:	I declare that I am authorized to sign this grant request on behalf of		Name (print):
	_____		Position/Title:
	[insert name of organization]		
_____		Phone:	
[signature]			

[date]			
Please provide project/event date(s) or any relevant timelines related to this request.			

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



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Grant Request	Please check applicable request	Brief description of request (i.e. dollar amount and/or type of in-kind support, staffing requirements)
Support Funding (complete Parts A and B)	<input type="checkbox"/>	
In-Kind Support (Partnership) (complete Parts A and B)	<input type="checkbox"/>	
In-Kind Support (Single) (complete Part A)	<input type="checkbox"/>	
Festivals and Events Support Funding (complete Parts A and B)	<input type="checkbox"/>	

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Part A (to be completed for all municipal grant requests)

Organization/Grant Information	
What is the function of your organization (mandate/key objections)?	
Please provide an overview of the service, program or event being supported with this funding.	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
<p>Does your organization use volunteers?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)</p>



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<p>Please select target population that will benefit from this request.</p>	<p>Age Range:</p> <p><input type="checkbox"/> Children (Ages 0-12)</p> <p><input type="checkbox"/> Youth (Ages 13-18)</p> <p><input type="checkbox"/> Adults (Ages 19-59)</p> <p><input type="checkbox"/> Seniors (Ages 60+)</p>	<p>Number of participants benefitting from this request:</p> <p><input type="checkbox"/> 1-50</p> <p><input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 101-499</p> <p><input type="checkbox"/> 500-1000</p> <p><input type="checkbox"/> >1000</p>
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Does this request align with the Town of Arnprior's [Strategic Plan](#), as determined by Council? Please explain.

<p><u>Key Priorities</u></p> <ul style="list-style-type: none"> Economic Development – Attraction, retention and marketing initiatives and economic impact 	
<ul style="list-style-type: none"> Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives 	



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Has your organization received support from the Town of Arnprior in previous years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide additional details below.	
	Dollar (\$) value received:	
	Service/ Program/ Festival/ Event grant support was received for:	
	Type of grant support received:	<input type="checkbox"/> Support Funding <input type="checkbox"/> In-Kind Support <input type="checkbox"/> In-Kind Partnership <input type="checkbox"/> Festival and Event Support Funding
	Was Town staff support provided? If yes, in what capacity?	
If this submission/request differs from previous year(s), please describe the difference?		

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Part B (to be completed for the following Streams: Support Funding, In-kind Partnership, Festivals and Events)

Financial Information

Indicate your organizations fundraising policy. Comment on your organizations fundraising plans for the current year and upcoming years. (If Applicable)

Does your organization raise enough money through fundraising to cover its expenses? If not, indicate your organizations plan to pay these expenses. (If Applicable)

Indicate if you received funding or are seeking funding from sources other than the municipality.



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Funding provided must benefit the residents of the Town of Arnprior. Please indicate how the funding would be used to benefit the residents of Arnprior.

In what way is your organization working on becoming self-sufficient?

What effect would the denial of all or a part of this request have on your organization and/or the event/activity/program/service you are applying for?

Has your participation been greater, less or more than last year? (If Applicable)



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Part B (cont'd)

Projected Budget	
Please fill out the projected budget for your organization's festival/event/initiative/project below.	
Revenue Description	Budget Amount
Grants – Federal and/or Provincial	\$
Grants – Town of Arnprior	\$
Donations/Sponsorships	\$
Earned Income	\$
Applicant Contribution	\$
User Fees	\$
Membership Fees	\$
Fundraising Efforts	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Total Revenue	\$
Expenses Description	Budget Amount
Salaries and Benefits	\$
Advertising and Promotion	\$
Entertainment	\$
Administration	\$
Facilities Rental	\$
Prizes and Awards	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Total Expenses	\$
Please attach the listed documentation to your completed application.	<input type="checkbox"/> Most recent financial statements <input type="checkbox"/> Financial statement from previous year or previous festival/event <input type="checkbox"/> Budget for program, service, festival/event <input type="checkbox"/> Proof of incorporation, if applicable <input type="checkbox"/> Proof of insurance (required if funding is approved)
_____ (initial)	I hereby acknowledge that the Town of Arnprior requires any successful applicant to provide a follow-up report, as described in the Municipal Grants Policy.

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Conditions of Assistance

- a) Any Grant funding provided by the Town of Arnprior must be applied to current expenses associated with the approved project, and not be used to subsidize any other project of the applicant, or to reduce or eliminate accumulated deficits.
- b) The Town of Arnprior must be notified in writing of any significant changes and/or purpose of the supported activity or event. In the event that the activity or event is not completed, or does not move forward, the Town of Arnprior reserves the right to request the return of any grant funding provided.
- c) Receipt of a grant does not guarantee funding the following or any subsequent year.
- d) The applicant acknowledges and agrees that the Town of Arnprior shall not be liable for any incidental, indirect, special or consequential damages, injury or any loss of use, revenue or profit of the organization arising out of or in any way related to the approved program/event/ service.
- e) Where applicable, the Town of Arnprior must be acknowledged on promotional materials related to the funded activities/event, including but not limited to brochures, print ads, programs, posters, signage and media releases, as well as websites, e-newsletters, and social media campaigns, where possible. The Marketing and Economic Development Officer will require information from the applicant, in advance on what materials/ electronic formats the Town's logo will be included on to ensure compliance with the Town's brand guidelines.
- f) The Town of Arnprior reserves the right to an onsite presence, or formal role, at Festivals and Events. Failure to acknowledge the Town's support may result in the inability of an organization to obtain grant support in future years.

<hr/> (initial)	I acknowledge that I have read and understand the Condition of Assistance for receipt of Town of Arnprior Municipal Grants. I also acknowledge that I have read and agree to follow the Town of Arnprior's Municipal Grants Policy.
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