



GRANT APPLICATION FORM

Date

Organization Information

Organization name

Phone

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact person name

Position with organization

<input type="text"/>	<input type="text"/>
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City / Town / Village

Province

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Civic Address

Project, event, or activity address (if different from above)

Objectives and Purpose of Organization



SUNBURY-YORK SOUTH

Rural Community

Grant Details

<p style="text-align: center;">This application is for a COMMUNITY IMPROVEMENT GRANT</p> <p style="text-align: center;"><i>supports projects that enhance or develop our community</i></p> <div style="text-align: center; border: 2px solid black; width: 60px; height: 40px; margin: 10px auto;"></div>	<p style="text-align: center;">This application is for an ACTIVITY GRANT</p> <p style="text-align: center;"><i>supports community events and recreation programs</i></p> <div style="text-align: center; border: 2px solid black; width: 60px; height: 40px; margin: 10px auto;"></div>	<p style="text-align: center;">This application is for an ASSISTANCE GRANT</p> <p style="text-align: center;"><i>supports organizations or individuals not covered by other options</i></p> <div style="text-align: center; border: 2px solid black; width: 60px; height: 40px; margin: 10px auto;"></div>
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Check this box if applying
for a Tier 1 Grant
(\$500.00 or less)

Check this box if applying
for a Tier 2 Grant
(\$500.01 to \$5,000)

Amount of funding requested

Cheque is payable to (organization name as per your bank)

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Projected event, activity or project
START DATE

Projected event, activity or project
END DATE

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Grant Details

Provide a brief history of the organization

Have you applied for funding from Sunbury-York South in the past? If yes, provide details

Have you applied for funding from other organizations? If yes, provide details

I certify that the information above is complete and accurate	
I confirm that a final report will be completed and submitted to SYSRC	

Signature of Applicant

Signature of organization rep (if different)

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Print
Name:

Print
Name:



Application Checklist

Make sure to included everything we need:

YES

Application form is complete	<input type="checkbox"/>
Financial Statement attached (if an organization or group, Tier 1 or Tier 2)	<input type="checkbox"/>
Financial Audit attached (if applying for Tier 2)	<input type="checkbox"/>
Application form is signed	<input type="checkbox"/>

** Remainder of this page intentionally left blank*



FOR OFFICE USE ONLY

APPROVED?

YES

NO

<input type="checkbox"/>
<input type="checkbox"/>

Comments:

Approved and Signed by the CAO

Date

STAMP

Approved and Signed by the Mayor

Date