



Part A - Organization Information

Organization Name: _____

Address: _____

_____ Postal Code: _____

Contact Person: _____ Telephone: _____

E-mail: _____ Fax: _____

A1. Outline the mission, purpose and objectives of your organization.

A2. When was your organization formed? _____

A3. a) How many members does your organization have? _____

b) How many clients does your agency serve? _____

c) Of the number noted above, how many are Township residents? _____

d) Does your organization host events in the Township community? _____

Yes How many events? _____

On average how many people attend? _____ /event

No



A4. How does the Township community benefit from your activities?

A5. What are your fundraising activities and/or sponsorship plans for the upcoming year?

A6. What measures does your organization take to ensure you are not duplicating activities or services, which already exist in the community?



Part B - Organization Financial Information

B 1. Please include in your application submission -

- a) Copies of your organization's financial statements for the past 2 years. Statements must include a balance sheet (all assets & liabilities including cash reserves).
- b) An operating budget for the current year. If you have included activities that are part of this grant request, please also note requested financial support from the Township of Leeds and the Thousand Islands as a potential revenue source.

B2. In addition to items noted in B1, please outline below your organization's sources of operating revenue. This will assist in our financial review of your organization.

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
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>		



Part C - Funding Proposal

C 1. Describe what you are seeking funding for, and how you would specifically use the grant?

C2. Who and how many will benefit from this activity?

C3. What will the community gain from your proposal?



SAMPLE

Proposal Budget (to be completed by ALL Applicants)

Expected Costs Description	\$ Amount	Priority Ranking	Expected Funding Sources	\$ Amount	confirmed	requested
1. Training for Volunteers			Membership Fees	1,875.00		
(2 sessions x \$75 /coach x 25 coaches	3,750.00	1	Township Community Fund	1,875.00		
2. Equipment *quote attached						
(10 bats x \$100 each) + tax	1,150.00	2	Township Community Fund	1,150.00		
3. Storage containers *quote attached						
(48 needed x 26.50 each) + tax	1,462.80	3	BMD (12)	365.70		
			Township Community Fund 36	1,097.10		
Sub-Total:	\$6,362.80		Sub-Total:	\$6,362.80		

Funding Request: \$ 4,122.00 = total (rounded) of expected funding source (Township Community Fund), shown as requested items

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

Contribution	Estimated \$ Value	Donor	Confirmed	Requested
Training space				
\$20/hr x 7 hrs x 2 sessions	\$280.00	123 Cares Inc.		
Refreshments for training	\$200.00	Groceries 4 You		
Total:	\$480.00			



Part D - Proposal Budget

Please note the following:

- > If your request is for equipment or facility upgrades, a written quote (estimate) from a supplier or contractor is required. Please attach to your application.
- > If your request is for a facility upgrade to a site you do not own, please include a letter permitting this work to be done (if funding is approved) from the facility owner.
- > Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. Please complete the priority ranking section in the chart below for this purpose (I =highest priority / most needed).

Expected Costs Description	\$ Amount	Priority Ranking	Expected Funding Sources	\$ Amount	Confirmed	requested
Sub-Total:			Sub-Total:			

Funding Request: \$ _____

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

Contribution	Estimated \$ Value	Donor	confirmed	requested
Total:				

Please refer to sample provided for assistance on completing this section of the application.