



2010 Township of Leeds and the Thousand Islands Community Fund

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

Please Note: all items marked with an * must be completed in full before the application can be considered.



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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?

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***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>		

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C4. If your grant request is approved, how will you notify the community about your receipt of funds?

C5. How will you be affected if the grant is not approved or if a reduced amount is granted?

C6. What plan do you have to sustain the activities outlined in your proposal in the future? Financially?

C7. How will you evaluate and measure the success of your proposal?

Note: Two members of the executive must sign organization applications.

_____ Applicant/Signing Officer Signature	_____ Print Name	_____ Date
_____ Signing Officer Signature	_____ Print Name	_____ Date

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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			

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*** 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.

Please Note: all items marked with an * must be completed in full before the application can be considered.