



2018  
COMMUNITY ASSISTANCE GRANT  
APPLICATION

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**APPLICATION DEADLINE: October 31, 2017**

**\*Please print or type**

Original Application

Renewal Application

AMOUNT REQUESTED: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street / 911 / RR#)

\_\_\_\_\_  
(Town)

\_\_\_\_\_  
(Postal Code)

TELEPHONE: Business: \_\_\_\_\_ Home: \_\_\_\_\_

FAX: Business: \_\_\_\_\_ Home: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



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**1. Purpose and objectives of your Organization:**

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- a)  Please check if you have previously been provided with financial assistance from the Township of Clearview
- b)  Revenue Canada Charitable Registration Number: \_\_\_\_\_

**2. Executive Officer's Names and Addresses:**

POSITION	NAME	ADDRESS	TELEPHONE
President/Chair			
Secretary			
Treasurer			
Vice-Pres/Chair			
General Manager			
Other (specify)			



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- 3.** Please attach a copy of your audited financial statement for the previous year and your budget for the current year.

Person(s) responsible for finances: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

- 4.** Describe the purpose for which this grant is being requested from the Township of Clearview:

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- 5.** Financial data required (if available), must be enclosed with this application if the Township is to consider the request.

Dated: \_\_\_\_\_

- a) Audited financial statement for prior year including fees, other grants, donations, fundraising events, and all expenditures including salaries, administration, rental, equipment, travel, etc.

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- b) Budget for current year, including detailed estimated expenditures:

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6. Other grants applied for and/or received in the past two (2) years, including the Township of Clearview:

YEAR	AMOUNT	FUNDING AUTHORITY

Please refer to the Township of Clearview website [www.clearview.ca](http://www.clearview.ca) to view further information, or contact the Clerk's Department at (705) 428-6230 ext. 223.

**Please forward your Community Assistance Grant Application by:**

**October 31<sup>st</sup>, 2017**

to:

Brenda Falls, Dipl. M.A.  
Deputy Clerk  
Township of Clearview  
217 Gideon Street, P.O. Box 200  
Stayner, ON  
L0M 1S0

**Email:** [bfalls@clearview.ca](mailto:bfalls@clearview.ca)

**Telephone:** (705) 428-6230 ext. 223



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**FINAL REPORT INSTRUCTIONS TO ALL APPLICANTS**

A final report is required at the completion of your initiative. You will be asked to provide the following details:

- Overall success rating;
- Number of participants, attendees, audience members;
- Details of how your Clearview Community Assistance Grant was used.

**Deadline for Final Report Submission is September 30, 2018**

The final report is required to be submitted before your organization will be considered for any grants in the future.



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**FINAL REPORT SUBMISSION**

**Due: September 30, 2018**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of funds received: \$ \_\_\_\_\_

**1. Describe initiative for which you received funding through the Clearview Community Assistance Grant Program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Please indicate the number of participants, attendees, audience members:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**3. Indicate details of how the Clearview Community Assistance Grant was used:**

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**4. If your request was for a fundraising event, how were the proceeds used?**

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The final report is required to be submitted before your organization will be considered for any future grants.

**Please return Final Report form by September 30, 2018 to:**

Brenda Falls, Dipl. M.A.  
Deputy Clerk  
Township of Clearview  
217 Gideon Street, P.O. Box 200  
Stayner, ON  
L0M 1S0

**Email:** [bfalls@clearview.ca](mailto:bfalls@clearview.ca)

**Telephone:** (705) 428-6230 ext. 223