



# TOWNSHIP OF ESSA

## GRANT APPLICATION

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Applications for grants and donations are not automatically renewed each year; each application is reviewed based on merit each budget year.

Organizations requesting donations may be required to submit recent bank statements and/or financial statements.

Please attach a separate sheet if additional space is required to complete your application.

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**REQUESTING:**            **Financial Donation in the amount of \$** \_\_\_\_\_

**OR**                      **Township Tax Grant – Property Roll Number:** \_\_\_\_\_

**Organization Name and Address Information**

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

Address \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Organization Information**

Number of                      Essa                      Membership Fee  
Members                      Residents                      If Applicable \_\_\_\_\_

Geographic Area Served \_\_\_\_\_ Date Formed \_\_\_\_\_

Outline the mission, purpose and objectives of your organization.

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Purpose for which the current grant/donation would be used, if approved. Give complete details, i.e. project or event description, time frame, and community benefits relative to The Township of Essa.

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Type of Organization (i.e. Registered Charity, Non-Profit Organization, etc.) and registration number.

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Other Sources of Revenue (include all amounts that have been or will be received – other donations, grants/subsidies, private funding, etc.).

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Do you currently receive other gratuities from the Township, i.e. facility subsidization, tax reductions, fee waiver or reduction, photocopying, administrative support, etc.?

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Have you received grants/donations from the Township of Essa in the past?

Amount Requested \_\_\_\_\_ Amount Approved \_\_\_\_\_ Year(s) \_\_\_\_\_

**\*\*\*A FINANCIAL STATEMENT FOR THE PREVIOUS YEAR IS TO BE ATTACHED.\*\*\***

**Signature of Authorized Official(s)**

\_\_\_\_\_  
Name and Position Date \_\_\_\_\_

\_\_\_\_\_  
Name and Position Date \_\_\_\_\_

***For Office Use Only***

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

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**Note:** Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of determining eligibility for grants. Questions about this collection should be directed to the Clerk/Freedom of Information Coordinator, The Corporation of the Township of Essa, 5786 County Road 21, Utopia, Ontario, L0M 1T0.