

**2024 Council Grant Program**  
**Council Grant Application – DUE OCTOBER 31<sup>ST</sup>, 2023**

About the Organization

Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact \_\_\_\_\_ Position \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

No. of volunteers in the organization \_\_\_\_\_

Are you a non-profit organization? \_\_\_\_\_

Charitable Registration Number (if applicable) \_\_\_\_\_

Is your organization location within the Township? Yes No

Has your organization made other application to the Township for funds this year? Yes No

Has your organization received funding assistance from the Township in prior years? Yes No

When? \_\_\_\_\_ How Much? \_\_\_\_\_

Please provide your organization's purpose/mandate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Event Details

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this application includes assistance **other than direct financial assistance**, please outline the details of this request (i.e. type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc.).

Acceptance of this application does not guarantee other non-direct financial assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how your proposal supports the Township of Adelaide Metcalfe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Council Grant Program

Will this proposal provide services to the citizens of Adelaide Metcalfe Yes    No

Will your organization or another organization be the primary funder of this proposal

- Yes, our organization
- Yes, another organization (name) \_\_\_\_\_
- No

Please indicate the support being requested:

- Financial Assistance
- Service or Project
- Waiving of Facility Fees
- Staff Support
- Supply of Equipment or Materials
- Insurance Coverage
- Use of Municipal Property or Facilities
- Other (describe) \_\_\_\_\_

Please indicate category that best suits your request for assistance. Refer to the Council Grants Policy for category definitions.

- Tourism/Economic
- Community
- The Arts
- Culture and Heritage
- Environmental Awareness/Sustainability
- Other (describe) \_\_\_\_\_

Funding Amount Requested: \$ \_\_\_\_\_

In-Kind Amount Requested: \$ \_\_\_\_\_

Please provide any additional details you feel are pertinent about your proposal.

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Signature of Contact \_\_\_\_\_

**Note:** Organizers of parades are required to provide liability insurance in the amount of \$2 million, naming the Township of Adelaide Metcalfe as additional insured. The cost of obtaining such insurance may form part of any assistance application, along with the necessary staff support.

Please note that a grant in any year is not considered to be a commitment by Adelaide Metcalfe to continue such assistance in future years. It is not the intent of this grant program to become an annual component of an organizations budget plan.

Completed applications must be delivered by October 31 to:

Township of Adelaide Metcalfe  
2340 Egremont Drive  
Strathroy, ON N7G 3H6  
Email: [jpereira@adelaidemetcalfe.on.ca](mailto:jpereira@adelaidemetcalfe.on.ca)