

2025 Council Grant Program
Council Grant Application – DUE OCTOBER 31ST, 2024

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.

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