



CITY OF STRATFORD 2013 GRANT APPLICATION FORM

Grant Information	
Amount requested for this grant:	\$
Please indicate how the grant funds will be used:	

General Organization Information	
Organization Name:	
Contact Name:	
Mailing Address:	
City/Town:	Postal Code:
Telephone No.:	Fax No.:
Email:	
Web Site:	
Briefly state your organization's missions/goals:	
Please attach a list of your organizational structure (<i>where applicable</i>): - Board of Directors, Executive Officers, Staff (<i>on attached form, indicate which staff positions are paid</i>)	
Number of volunteers:	
Does the organization operate as a not-for-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the organization incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give date of incorporation:</i>	
Does the organization have charitable status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide charitable number:</i>	
Are fees charged for membership or for any of the services/activities you provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain</i>	
Does anyone other than City of Stratford residents belong to your organization, or benefit from your services/activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain</i>	

Program Information

Attach supporting information (maximum 4 pages) that helps to illustrate your organization's programs and activities, and how they benefit the community.

Financial Information

Attach the following financial information:

- Most recent year-end financial statements (balance sheet and income statement, showing comparison with previous year, audited if available).
- Budget for the year in which the funds are being requested (anticipated revenues and expenses).
- Indicate separately any funding requested or received from other levels of government **and other agencies**, and the status of each application.

Signatures

Name (please sign):

Application Date:

Position:

Instructions for Submission of 2013 Grant Application

Please forward grant application form and supporting documents by Friday, September 28, 2012, to:

André Morin, Director of Corporate Services
 City of Stratford
 P. O. Box 818, City Hall
 Stratford, ON N5A 6W1

Inquiries regarding this application form may be directed to:

Phone: 519-271-0250 x 202
 Fax: 519-271-4357
 Email: corpserv@city.stratford.on.ca

Please note: A grant in any year is not to be considered a commitment by the City of Stratford to continue such assistance in future years. It is not the intent of this grant program to become an annual component of an organization's operating budget plan.

Notice of Collection

Personal information contained on this application form or in background material included with your application is collected pursuant to the *Municipal Act 2001* and *Municipal Freedom of Information and Protection of Privacy Act* and will be used by the City of Stratford in reviewing 2013 grant applications and other related administrative purposes for the City of Stratford. Questions regarding the collection and use of this information may be directed to the City Clerk, City Hall, P.O. Box 818, Stratford ON N5A 6W1, or by telephoning 519-271-0250 ext. 235 during business hours.