

Neighbourhood Project Application

COMMUNITY
GRANT
PROGRAM

Please note that incomplete applications will not be considered for support.

Applicant Information

Which of the following best describes your group?

- A Group of Neighbours
- A Neighbourhood Association

Please include the contact information for three neighbours or contacts who are involved in this application:

Contact #1 (Main Contact)

Full Name _____

Email _____

Phone _____

Mailing Address _____

Contact #2

Full Name _____

Email _____

Phone _____

Mailing Address _____

Contact #3

Full Name _____

Email _____

Phone _____

Mailing Address _____

Project Information:

Please provide a description of your event/activity/initiative. Please include the anticipated participation numbers, key dates, scheduled activities, etc.

Please describe the anticipated outcomes and benefits to the neighbourhood for your event/activity/initiative.

Please indicate how your activity/event/initiative will include all residents in the neighbourhood area and be open, inclusive and accessible to all people.

Please share details on any collaborative efforts that will be made with local organizations or community groups.

Financial Information

Please complete the budget charts below with information specific to your proposal. **Total amount of support being requested: \$**_____ (Maximum amount is \$250.00 per neighbourhood, per year)

Expenses

Type of expense	Your details	\$ Amount
Facility Rental, Road Occupancy Permit, Block Party fees, etc. (on Town property, please call 905-873-2600 x2269 to obtain a quote)		
Food & beverages		
Contracted services (i.e. entertainer, caterer, etc.)		
Supplies (i.e. crafts, plates, utensils, etc.)		
Equipment Rentals (i.e. tables, chairs, sound systems, etc.)		
Marketing/Promotions (i.e. posters, signs, etc.)		
Insurance		
Other Expenses – please specify		
TOTAL EXPENSES		\$

Revenue

Type of revenue	Your details	\$ Amount
Grants from others		
Donations		
Sponsorship		
Other Revenue – please specify		
TOTAL REVENUE		\$

Declaration

I/We certify that the information provided is accurate, and we agree to the grant terms and conditions.

Signature: _____ Date: _____

Authorized Representative (if different): _____ Date: _____

Personal information collected on this application, and throughout the application process, is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 for the purpose of administering the Community Grant Program. Questions about this collection should be directed to the Community Development Supervisor – Community Development, 905-873-2600, ext. 2262.