



**THE CORPORATION OF THE TOWN OF ERIN**  
5684 Trafalgar Rd., R. R. # 2 Hillsburgh, ON N0B1Z0

**APPLICATION FOR COMMUNITY GRANT**

*(To be submitted by January 31<sup>th</sup> in the year for which the funds are requested)*

**GENERAL FUNDING** (please print information)

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

Full Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (fax) \_\_\_\_\_

Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

1 **AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED:** \_\_\_\_\_  
**(maximum request per budget year \$3,000.)**

2 Please provide details of the organization or project's anticipated use of grant proceeds (if successful). Include the impact the organization/project has on the Town of Erin and its residents, and the importance to the Town

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

3. How will the funds be used?

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

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4 Outline the mission, purpose and objectives of your organization:

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5 Does your organization receive funding from any other government source? \_\_\_\_\_  
If YES- Please indicate level of Government \_\_\_\_\_

6 If your organization received financial support from the Town of Erin in either of the last 2 years- Please indicate the amount of previous grants, and describe the use of the grant. \_\_\_\_\_

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7 How long has your organization been in operation? \_\_\_\_\_

8 Annual Meeting Date: \_\_\_\_\_

9 Officers for current year:

President: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Secretary: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Treasurer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If there are any other comments that you would like to include that may assist Council when considering this application, please provide details here (or feel free to attach a separate sheet, if necessary):

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**Volunteer Support** *(associated with the proposal)*

# of volunteers involved: \_\_\_\_\_ Total hours of volunteer time contributed: \_\_\_\_\_

**Please submit your Application to : [grants@erin.ca](mailto:grants@erin.ca)**

Personal Information contained on this form is collected pursuant to Section 8 of the *Municipal Act, 2001, S.O. 2001, as amended*, and will be used for the purpose of responding to your request for funding.

Questions about the collection of this information should be directed to the Municipal Clerk:

- 519-855-4407, ext. 233;
- e-mail: [lisa.campion@erin.ca](mailto:lisa.campion@erin.ca)