

## THE CORPORATION OF THE TOWN OF ERIN APPLICATION FOR COMMUNITY GRANT

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

GE	NERAL FUNDING	(please print	information)	
Org	ganization Name:			
Full	l Mailing Address:			
Cor	ntact Person:		Email:	
Pho	one: (day)	(evening)	(fax)	)
We	ebsite:			
Nar	me of Contact Person: _			
1	AMOUNT OF FINANC (maximum request pe			STED:
2				eated use of grant proceeds as on the Town of Erin and

3. How will the funds be used?

its residents, and the importance to the Town

4	Outline the I	mission, purpos	se and objective	es of your organization:		
5			· ·	n any other government source?	<u> </u>	
6			• •	ort from the Town of Erin in either of t evious grants, and describe the use		
7	How long has your organization been in operation?					
8	Annual Meeting Date:					
9						
	President:	Address:		(Bus)		
	Secretary:			(Bus)		
	Treasurer:	Address:		(Bus)		



Date:	Signature:
	ou would like to include that may assist Council when ovide details here (or feel free to attach a separate
Volunteer Support (associated with the	ne proposal)
# of volunteers involved: To	otal hours of volunteer time contributed:

## Please submit your Application to : grants@erin.ca

Personal information, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001 and will be used in accordance with MFIPPA. The information will be used to determine eligibility for Community Grant funding. Questions about this collection of personal information should be directed to the Clerk's Office, 5684 Trafalgar Road, Hillsburgh, ON N0B 1Z0, Telephone 519.855.4407 EXT. 248, or Clerks@erin.ca.

