Township of Alnwick/Haldimand Schedule "A" Application for 2024 Municipal Grant

Submission Deadline:	October 31, 2023 – 4:30 pm				
Name of Group:					
Contact Person's Name:	Address: Email: Phone Numb	er:			
Check all those that apply to	your organiza	tion (you must me	et one or more):		
 Preserve and Enhance the M providing acc Enhance the M leisure activit Contribute to sectors and w 	protect Munici Municipality as ess to the arts Municipality by ies a sustainable l ith the local by	s a creative commu y promoting and p	eritage and/or the n unity by developing roviding access to p forming partnership	g, promo physical	oting and , recreational and
Amount of funding requested	1:				
Funding to be used for: Project		Program			Operating
Organizational Mandate:					
Describe how the requested	funds will be u	ised:			

What other community support (funding, partnerships, in-kind, volunteers) do you have for this activity/service?

Explain how your organization's proposed activity or service will fill a need in the Municipality and/or impact on the community?

If you are receiving a grant how will you recognize the Municipality's contribution?

Conditions of Grant

As a condition of the award of a grant, the applicant agrees to allow the Township Treasurer or delegate, to examine any records of the applicant to ascertain that the funds granted by the Municipality to the applicant have been properly expended for the purpose herein described.

I/WE certify that the information in the application is true and correct.

Authorized signatures:

President/Chairman

Treasurer

Date: _____

Financial Information

Organization Name:

Revenue	2023 Budget	2023 Actual	2024 Proposed
Grants - Municipality			
Grants – Other (please			
specify)			
Memberships			
Donations			
User Charges			
Other Revenue (please			
specify)			
Total Revenue			
Expenditures			
Salaries/Benefits			
Building – Rent and Taxes			
Insurance			
Light, Heat, Telephone etc			
Office Equipment & Supplies			
Advertising/Publications			
Travel			
Bank Charges			
Professional Fees			
Other (please specify)			
Total Expenditure			
Current Bank Balance			

I/WE certify that to the best of our knowledge, the information provided in this grant request is accurate and reasonable and is endorsed by the organization we represent.

Name:

Name:

Title

Title

Date