### Township of Selwyn

# **Municipal Grant Application**

Submission Deadline: March 31<sup>st</sup>, 2025

1.	Group Name:
2.	Group Mailing Address:
3.	Group Contact Name:
	Contact Phone:
	Contact Email:
4.	Financial Information to be included: Fully completed and signed "Financial Information Return" (attached to this application) and/or most recent Financial Statements.
5.	Mission Statement of your organization:
6.	What are these funds to be used for?
	(Note: Funds are being granted on the condition that funds must be used for activities or services within the Township of Selwyn)
7.	What benefits will be provided to the community?

#### 8. Submission Dates and Location:

## Submission Deadline: March 31<sup>st</sup>, 2025

# Fully completed and signed Applications and Financial Documents are to be submitted to:

Township of Selwyn P.O. Box 270 Bridgenorth, Ontario K0L 1H0

Re: Municipal Grant Application

### Note:

- Brochures or promotional materials which describe the organization and its activities may be provided along with the application.
- No Grant will be made retroactively to fund deficits or shortfalls.
- Commitments made by an applicant prior to, or in anticipation of official written notification that a Grant has been approved, are done at the applicant's risk.
- In the event that an application is rejected, the Township will not be responsible for expenditures already incurred.

#### 9. Conditions of Grant

As a condition of the award of a Grant, the applicant agrees to allow the Township Treasurer, or her delegate, to examine any records of the applicant to ascertain that the funds granted by the Township 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.

Signature of two (2) authorized Principal Officers of the Organization required.

President/Chairman		 Treasurer	
CI	hecklist:		
	Fully completed the Municipal Grant Municipal Grant Application signed I organization	Application by two(2) official officers authorized by the	
	•	nation Return and/or attached your most recent	
		by two (2) official officers authorized by the	
	Included any brochures or promotion	nal materials	

# Municipal Grant Application "Financial Information Return"

### Please complete this form and/or attach your most recent Financial Statements

Organization Name:						
Revenue	2024 - Budget	2024 - Actual	2025 - Projected			
Grants - Township of Selwyn						
Grants - Other						
Memberships/Sponsorships						
Donations/Fundraising						
Other Revenue (Specify)						
Total Revenue						
Expenditures	2024 - Budget	2024 - Actual	2025 - Projected			
Salaries/Benefits						
Rental Fees						
Insurance						
Light, Heat, Water						
Telephone/Internet						
Advertising						
Office Supplies & Printing						
Other - Specify						
Total Expenditures						
Excess (deficiency) of revenue over expenditures for the vear	е					
year						
Bank Balance at December 31, 2024						
I/We certify that to the best of our knowledge, the information provided in this community funding request is accurate and reasonable and is endorsed by the organization which we represent.  Signature of two (2) authorized Principal Officers of the Organization required.						
Name: Title:		_ Date:				
Name: Title:		_ Date:				