

Application for Assistance to Organizations and Community Groups

1. Date _____
2. Name of group _____
3. Address _____
4. a) Date organization established in Oakville _____
b) Registered non-profit society in province of Ontario _____
Date _____
Registration number _____
c) Registered charitable organization with Federal Government _____
Date _____
Registration number _____
5. President _____
Address _____
6. Secretary _____
Address _____
7. Board of directors
1) _____ 6) _____
2) _____ 7) _____
3) _____ 8) _____
4) _____ 9) _____
5) _____ 10) _____
8. Contact person _____
9. Your organization's objectives

10. Outline of services or program

11. Purpose to which grant funds will be expended

12. Municipal facilities to be used and duration of use

13. Budget

14. Cash request \$ _____ In-kind request

\$ _____

15. How will community and/or participants benefit?

16. List other sources of potential income or services already solicited, amounts requested, and amounts granted

17. List amount of personal funding being used, bottle drive income, raffles, etc.

18. Summary of working capital and operating results

Fiscal year _____ to _____

	Previous year 20xx actual	Budget 20xx estimate
Cash and other current assets (stocks, bond, etc.) from prior year	\$ _____	\$ _____
Less: current liabilities (accounts payable, etc.) from prior year	\$ _____	\$ _____
Working capital position	\$ _____	\$ _____
Revenue for period - list		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total income	\$ _____	\$ _____
Expenditures - list		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total disbursements	\$ _____	\$ _____
Surplus or deficiency for period (revenue minus expenditures)	\$ _____	\$ _____

18. Minimum required to accomplish objective \$ _____

19. If the request is not approved what impact would it have on the organization?

20. Detail community support for objective _____

Attach the following

1. A copy of your most recent audited Financial Statements
2. A copy of your detailed Budget for current year
3. A copy of the registered non-profit status document or the registered charitable organization document
4. Any other information which would assist in the evaluation of your Grant request

Forward prior to

Town of Oakville

1225 Trafalgar Road

Oakville, ON L6J 5A6

Attn: Treasurer, Finance Department

The information included in this application is true and correct to the best of my knowledge

Signature _____

(Chairperson or Treasurer)

Date _____